NLY, WITH UNFADING INK-THIS IS A PERMANENT RECED Every item of infor-carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUMA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING mation shoul V. S. No. 1

STATE O	MARY	AND-CER	TIFICATE	OF DE	ATH
JINIL U	141/2/17 1	-AIV CLIV	III IONIL		

1. PLACE OF DEATH		100	1501
County Cole.	1	Registration Dist. No.	301
Village or City Calux	Teul	NoSt.,	Ward
Length of residence in city or town where	1~11	death occurred in a hospital or institution, give its NAME instead of street in a loss. How long in U.S. if of foreign birth?	
ST.	11//our	100 000 000 000 000 000 000 000 000 000	
2. FULL NAME Office	+ Little		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	H
3. SBK 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193
5a. If married, widowed, or divorced	1 wearvey	/ O Z g (Day)	(Year)
HUSBAND of (or) WIFE of	allew.	22.   HEREBY CERTIFY, Thet   atten   10 20 ,1931, to 10 29	ded deceased from
6. DATE OF BIRTH (month, day, and year)	ot. 28th 1861	i lasi saw h alive on 10 / 2 9	19 <del>2</del> /; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 9.45 Am.	
70	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were ea follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Pourevoile	Lobar Enumoria Belilia	1-10/2/31
9. Industry or business in which	on bout		
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end	11. Total time (yeers) spent In this		
year)	occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Lette	yfeul	Cur- nishishis	
(State or country)	6.0	Hypertrusing	10/10/20
13. NAME Johnson 14. BIRTHPLATE (city or town) Pur	ywwall		
14. BIRTHPLACE (city or town)	usyel	Name of operation Date	of
(State of country)	the state of	What test confirmed diagnosis? Was there	an eutopsy?_60-
15. MAIDEN NAME FRUIE	a ponce	23. If death was due to external causes (VIOLENCE) fill in elso the follo	
16. BIRTHPLACE (city or town)	Well.	Accident, suicide, or homicide? Date of injury	, 19
(State or country),	4	Where did Injury occur? (Specify city or town, county and	State)
17, INFORMANT (Address)	Leelore Wd.	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC	PLACE,
18. BURIAL, CREMATION, DR REMOVAL	1.1 W. 1 1st 21	Manner of injury	
Place Aluxeus M	4: Date 11 1 /01 , 1931	Nature of Injury	
19. UNDERTAKER 19.4 10 19. (Address)	asser 1	24. Was disease or injury in any way related to occupation of deceased	lip
Oax 3 day	Mr. P. Ormes	If so, specify (Signed) (Signed)	M D
20. FILED ( ), 194	M. L. Merces Registrar.	(Address) Again Man	Z
If more	blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting T) S No. 7	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-

LY, WITH UNFADING INK-THIS IS A PERMANENT I CORD

WRITE PL V. S. No. 1

PLACE OF DEATH County Arms Arms Lel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City fless Pourse No. 4	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marriel WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 29H 0 4 192 / (Month) (Day) (Year)
6 DATE OF BIRTH  Oct   8   (Month) (Day) (Year)	that I last saw h 4 alive on 2 7 Oct , 192/,
7 AGE If LESS that I day hr or min	8. The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or eatablishment in which employed or (employer)  BIRTHPLACE (State or country)  (State or country)	(Duration) Jyrs. mos. ds.  Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER FORK SYM Plech  11 BIRTHFLACE OF FATHER (State or country) & Makfant Glimany	(Signed) Alard M.D.  M.D.  M.D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Emily Monde  13 BIRTHPLACE OF MOTHER (State or Country) Paltimore all Ind	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos decree contracted
(Informant) My Red Bed Whee  (Address) Sten Pressure )	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  All Redeemed Cem 10/3/, 19.3/
15 Filed Det 2 9 1931 Amm / Leure	20 UNDERTAKER Lang 13 18 Light
If more branks are needed, addrsss State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emthe first line will be sufficient, e. g., Farmer or Planter whatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material etc., Without more proved a minc, etc. Wom-rer, Farm laborer, Laborer—Coal minc, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrokpinal fever (the only definite synonym is "Epidemic cetebrospinal meringitis"); Diphtheria (avoid use of "Croup"27, Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved (Recommendations on statement of cause of telinus) may be stated under the head of "contributory." atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Mcasles (discase American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic etc. valvular heart disease; The contributory "Dropsy, of the death

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

CTATE OF MADVI AND CEDTIFICATE OF DEATH Exact statement of OCCUPA-

1	. PLACE OI			F MAK	TLAND	——————————————————————————————————————	593		
	County	Anne .	Arundel	L		Registration Dist. No.	1		
	Village or C	ity Cro	wnsvil]	Le State	e Hospita	1 No. St.,	Ward		
	Length of resi	dence in city	or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and n			
2	. FULL NA	ME		Elizal	beth Bell				
	(a) Residen	ce: No		Baltir (Usualplace	nore City of abode)	St., Ward.  If nonresident give city or town and S	State		
	PERSON	AL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3.	female	4. COLOR D 18	OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) Cied	21. DATE OF DEATH October 27th (Month) (Day)	193 1 (Year)		
5a.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Married (Unknown)				nown)	22. I HEREBY CERTIFY, That I attended deceased from			
6.	DATE OF BIRTH (	month, day, a	and year)	1856		Hast saw h &r alive on October 27 19 31			
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 9:30 An. M.			
	7.	5	Unl	nown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset		
NOI	8. Trade, profes kind of w SAWYER,	ssion, or part vork done, as BOOKKEEPE	icular SPINNER, HO	ouseworl	k	Cerebral Arteriosclerosis	?		
UPAI	9. Industry or work was SAW MIL	business in was done, as SIL L, BANK, etc	K MILL.						
00	10. Date decess this occupyear)	ed last worke pation (month	d at end	11. Total t	ime (years) nt in this upation				
12.	BIRTHPLACE (cit		Maryla	nd		Other Contributory Causes of importance: Senility	?		
ER	13. NAME	John .	Anderso	on					
FATH	14. BIRTHPLACE (State or	(city or town	Mary.	land		Name of operation Date of			
2	15. MAIDEN NA		nie Col	le		What test confirmed diagnosis?			
MOTH	16. BIRTHPLACE		IInka	nown		Accident, suicide, or homicide?			
17.	1/2/	Hospi	tal Rec	ords	ะไลทศ	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA			
18.	BURIAL, CREMA			Date Or	7 27,193/	Manner of injury			
19.	UNDERTAKER (Address)	421	has	G. K	Bailey	24. Was disease or injury in any way related to occupation of deceased?	<u> </u>		
20.	FILE DAY	816	Silf	276c.	And Registrar.	(Signety A. Crownsville, Marylan	d		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related eauses as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attock of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1016 6 77	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	eauses of importance:	3	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 yeor	

WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-ARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAIN

	MARYL	_AND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	7		62-0
County Anne Arunde		A. S. T. Commission	Registration Dist. No.
Village or City Crownsvi.	rie ote	te Hos	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat	h occurred	yrs 10 mos	s. 20 ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME	illiam B	ell	
(a) Residence: No.	Usual place of al		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE   5. male   black	SINGLE, MARRIEL OR DIVORCED (10 SINGLE		21. DATE OF DEATH October 2nd (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from November 12, 1930, to October 2, 19-71
6. DATE OF BIRTH (month, day, and year)	00		I last saw h im elive on October 2 1931 death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1:45Pm.
31 Unkn	A 2219A	day,hrs. rmin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Cerebral Hemorrhage Date of onset 4 hr
10. Date deceased last worked at this occupation (month and year)	11. Total time ( spent in occupation	(years) this on	
12. BIRTHPLACE (city or town) South (State or country)	Carolina	9	Other Contributory Causes of importance:
13. NAME George Mer	rill		
13. NAME George Mer  14. BIRTHPLACE (city or town) South (State or country)	Carolina	B	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIOEN NAME Conni	e (unkno	own)	23. if death was due to external causes (VIOLENCE) fill in also the following;
15. MAIOEN NAME COnni 16. BIRTHPLACE (city or town) South	Carolia	18	Accident, suicide, or homicide?
17. INFORMANT Horpe. Records.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10/7	,193/	Manner of injury
19. UNDERTAKER Dr. G. W. W. W. (Address) Waterbu	levoke "	pt.	24. Was disease or injury in my way related to occupation of deceased  If so specify  (Signed)  (Address)  (Address)  (Address)

If more blanks are needed, addred State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ROLEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
2171(1706)(16106)5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Runtover by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton will; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a loborer, Form laborer, Laborer—con manc, etc. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Ciril engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on irs). Form laborer, Laborer-Coal minc, etc. Wom-For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria avoid use of "Croup"); Statement of Cause of Death-Name, first, the DIS Typhoid fever never report "Typhoid ed term for the same dise se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, Pneumonia")

data is desent

obtained before the certificate is further correspondence.

Allthe

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septiacomia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senilc," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Mcastes (disease use of "Tumor" for malignant neoplasms); Measles; approved by Commi as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely; and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Applical Association. Examples: Accidental drowning; Struck by railway train If this cartical is nawered in Mail, 1 w "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal conding cough; Chronic interstitiol nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need Committee on Nomenclature ver thoroughly and a l qu stions on Nomenclature of the etc. The contributory valvular heart discase; not be etc., of

should state

PHYSICIANS Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

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WITH UNFADING INK-THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF	DEATH			34	30	
County Anne Arundel County			1 Count	У	Registration Dist. No.	1	
	Village or Cit	C		tate Hosp	ital	Word	
		7		()	f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward	
	Length of resid	ence in city or town where			s7_ds. How long in U.S. if of foreign birth?yrsmos	ds	
	2. FULL NAM		liam Bo				
	(a) Residenc	e: No. Ann		el County			
-	PERSON	AL AND STATIST	(Usual place		If nonresident give city or town and State	e	
3.	SEX	4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH		
	1. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) METTLED			ED (write the word)	Ootobon Snih	(Year)	
5a.	if married, widowe HUSBAND of (or) WIFE of	d, or divorced unknown			June 20th 19 30 to October 27	ased from	
	DATE OF DIRECT		900		last saw h. im alive on October 27 19 31; de		
-	AGE Years	nonth, day, and year)	Days	1f LESS than	to have occurred on the date stated above, at 2; 50P. M.		
	31		nown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
7	8. Trade, profess	ion, or particular		formin.	were as follows:  Cerebrospinal syphilis	te of onset	
10	kind of wo	ork done, as SPINNER, BOOKKEEPER, etc	-Mary	land	octobros-springr springrs		
PA	9. Industry or be work was	done, as SILK MILL.	Property.	2.			
OCCUPATION	SAW MILL 10. Date deceased	, BANK, etc.	a all Total	time (years)			
0	this occupa	ation (month and	Sp6	entin this			
		Monry			Other Contributory Causes of importance:		
12.	BIRTHPLACE (city (State or count		Talla				
ER	13. NAME	WilliamB	lover				
FATHER	14 RIPTHPI ACE	(city or town) Mar			Name of operation Date of		
F	(State or c		J		What test confirmed diagnosis? Was there an autop	eu?	
ER	15. MAIDEN NAM	E Susie	Clayton	.dead	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	39:	
MOTHER	16, BIRTHPLACE (	city or town) Mer			Accident, suicide, or homicide? Date of injury	. 19	
Σ	(State or c				Where did injury occur?		
17.	. INFORMANT (Address)	Hospital Crownsv	Records	[d •	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATI	ON, OR REMOVAL	300		Manner of injury		
	Place Place	p. Curdy-	Date/	- 48 ,19-7	Nature of Injury		
19	. UNDERTAKER	An O. Win	terode	Duffe	24. Was disease or injury in any way related to occupation of deceased?		
	(Address)	wales	my.	of mil	If so, specify		
20.	FILED 10/3	8 193	201	fores	(Signature 11 11 11 11 11 11 11 11 11 11 11 11 11	M. D	
	7		-	Registrar.	(Address) Crownsville, Marylan	1d	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURGAU V. S.	July 5,1927	Peritonitis	3 days ago
BURBA	1-1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ACCUPA-	e instructions on back of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11598
County A	Registration Dist. No.
Village or City Amabolis'	No. 9 monument st. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME CONVERS 2. YOR	ashlus of
(a) Residence: No. 4 mmmen	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH (77)
male e-lacy OR DIVORCED (write the word)	(Month) (Day) , 193/Year)
5a. If mappled, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(0) 1112 01	10-14-,1931,10 10-15-,1931
6. DATE OF BIRTH (month, day, and year) Aug 2 1931	t last saw here alive on 10-14-,19-3 /; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 250 m.
2 /3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trado, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, atc.	7 6 6 3 6 4
work was dona, as SILK MILL, SAW MILL, BANK, etc	Cafallary Browelishs Iday
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this occupation (month and year) spent in this occupation	
year) — Okrapation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	7.6.4
(State or country)	Clickels
13. NAME COMMAND PROBLEMS  14. BIRTHPLACE (city or town)  (State or country)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME OLA TIME	23. If death was dua to externat causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Date of injury, I9
(State of Country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Quitaled frustains (Address) 9 minument st	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date CLC , 19	Nature of injury
19. UNDERTAKER 19. 4 Man 15. (Addrass) 9. 6 Clan 15	24. Was disease or injury in any way related to occupation of deceased?
0,815 3. 0 10 5.	Mesigned) Cit Malaney
20. FILED Registrar.	(Address) 35 Calver St Camppiles by
<b>_</b>	2411 N. Charles Street Baltimore Requesting 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	/1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) prope PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX 4 COLOR OR RACE MARRIED WIDOWED: OR DIVORCED attended the deceased ATE OF BIRTH nstructions that (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: ESERVED BOCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondary (State or country) DW DD (Signed) 3 1 Shou OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether HOLL RENT ation (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trana-PA inform d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death (State or country) Where was disease contracted, should if not at place of death?. Every Item CIANS sho statement Former or usual residence If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(If death occurred in

a hospital or institu-tion, give its NAME is stead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter. Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of cupation is very important, so that the relative health-For many occupations a single word or term on yrs). Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition, "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) causing death), 29 ds.; Bre chopneumonia (secondary), Whooping Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report more symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic etc. valvular heart Nomenclature The contributory disease;

If this certificate is looked over thoroughly and a'l questions aniswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques eupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus: Farmer or given up on account of the DISTASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaul, Cook to report specifically the occupations of persons enployed, as Al "chool or At home. Care should be taken work. or At definite salary), may be entered a. Housewife, House en at home, who are engaged in the duties of the laborer Farm laborer, Laborer Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Civil engineer. Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Furmer or Pluntor, Statement of Occupation Precise statement of 0e 6 yrs.). For many occupations a single word or term on specially in industrial employments, it is neceswithout more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-The material

EASE CAULING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the came disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia")

Nomenclature of the American Medical Association.) niges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid conditions, such as "Asthenia," "Anaemia" stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; quences (e. g., sepsis, tetanus) may be stated under the ean be ascertained as the cause. Always quality all symptomatie), "Atrophy," "Collapse," "Coma," ary), 10 ds. eausing death), 29 ds.; Bronchopncumonia Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acia-probably suicide. train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OI taken. State cause "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "luanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; Examples: For "Debility" ("Congenital," "Senile," etc.); Accidental drowning; Struck by railway VIOLENT DEATHS State MEANS OF INJURY for which surgical operation was under Never report mere symptoms or terminal (Recommendations on state-Example: Measles Committee (disease (seeond-(merely

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ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-A. PLACE OF DEATH Should item of County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth?\_\_\_\_ Length of residence in city or town where death occurred statement 2. FULL NAME Ward. (a) Residence: No If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CIL (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 国 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years If LESS than Months Days stated 1 day .....hrs. or .... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... JO may back Industry or business In which should work wes done, as SILK MILL, SAW MILL, BANK, etc. on 16. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation instructions UNFADING 12. BIRTHPLACE (city or town)\_ (State or country) terms, FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. plain (State or country) What test confirmed diagnosis? be carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury .... 16. BIRTHPLACE (city or town OF DEATH (State or country) Where did Injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pinous 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Neture of injury LION 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephrals	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Cereoral nemorrhage BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

. 0 01		110	00
County UC		Registration Dist. No.	
Village or City Genna afo	otes (	No. 6.3 Shaw - St.,  If death occurred in a horpital or institution, give its NAME instead of street and n	wwwWard
Length ot residence In city or town who		s 8 _ ds. How long in U.S. if ot toreign birth?yrsmos	
2. FULL NAME XAG	uf Johnson	for Brown	
(a) Residence: No. 63	how	St., Ward. 3	
PERSONAL AND STATE	(Usual place of abode)	If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	itate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
m = lol	OR DIVORCED (write the word)	1000 194	193 (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE ot		22.   HEREBY CERTIFY, That I attended of	eceased from
(ci) mile of	1.1.11	Oct 134, 1931, to Oct 15 4	19.3
	april 10-1/31	I last saw haralive on 10 15: 31,19	; death Is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at	
8. Trade, profession, or particular	0rmin.	wara se follows:	Date of onset
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		000	10-16-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Lobar Preumoure	2da
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years)	-	
this occupation (month and yeer)	11. Total time (years) spent in this occupation	-	
12. BIRTHPLACE (city or town)	capolis. mo	Other Coutributory Causes of importance:	
(Steto or country)	1, 1	Bronclutes	
13. NAME TOWNS	Johnson		
	·····	Name of operation Dete of Dete	
(State of country)	ry king	Whet test confirmed diagnosis?	ropsy?
15. MAIDEN NAME Pressa  16. BIRTHPLACE (city or town)  (State or coupley)	Proun	23. If death was due to external causes (VIOL ENCE) fill in also the tollowing:	
(State or country)	arland	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
A Standard	rlumon	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE
17. INFORMANT! Please		-	
(Address) amounti		Manner of Injury	
(Address) Annual 18. BURIAL, CREMATION, OR REMOVAL	e 50\$ 19-31	manner of mjsty	
	Date ON 19-131	- Nature of injury	
18. BURIAL, CREMATION, OF REMOVAL Place Assure Hill  19. UNDERTAKER B - H.	Date 65 19-19	24. Was disease or injury In any way related to occupation of deceased?	
18. BURIAL, CREMATION, OF REMOVAL Place Brewer Hall	Date OS 19-191	- Nature of injury	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1150
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every Kem of information should be carefully supplied. AGE should be stated EXACTIV PHYSICIANS AND ACTIVED TO SHOULD SHOULD SHOULD BE STATED STATED SHOULD SHOU

County Village or	city Crowns	fille St	1,80. 5.3	Registration Dist. No.  St.,  f death occurred in a hospital or institution, give its NAME instead of street and	W
Length of re	sidence in city or town wher	e death occurred	1 yrs 5 mos	a	number)
2. FULL NA	ME Leon	Brown			
(a) Reside	nce: No. Balti	imo e Si			
PERSO	NAL AND STATIS		e of abode)	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. SEX	4. COLOR OR RACE	1	RRIED, WIDOWED,	21. DATE OF DEATH	
female	black		ED (write the word)	October 6th (Day)	, 193. (Year
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, That I attended april 29 19 30 to October	
S DATE OF DIRTU	(month, day, and year)	1914		last saw h. C.C. alive on QCODER 5th 193	,
	ars Months	Days	If LESS than	to have occurred on the date stated above, at 4 P m.	, death is
	.7 U	nlmown	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, prof	ession, or particular			Pulmonary tuberculosis	Date of
SAWYF	work done, as SPINNER, R, BOOKKEEPER, etc	Dame	estic		2
-					
9. Industry or	business in which				
9. Industry or work with SAW MI	business in which as done, as SILK MILL, LL, BANK, etcsed last worked at	11. Total	time (years)		
9. Industry or work we SAW MI 10. Date decea this occ	business in which as done, as SILK MILL, LL, BANK, etc	11. Total			
9. Industry or work we SAW MI 10. Date decea this occupear)	business in which as done, as SILK MILL, LL, BANK, etcsed last worked at upation (month and	11. Total	time (years) ent in this cupation	Other Contributory Causes of importance:	
9. Industry or work we SAW MI 10. Date decea this occ	business in which ss done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and	11. Total sp	time (years) ent in this cupation	Olher Contributory Causes of importance:	
9. Industry or work we SAW MI 10. Date decease this occupear) 12. BIRTHPLACE (c) (State or columns)	business in which ss done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and	11. Total sp oc h Caroli	time (years) ent in this cupation	Other Contributory Causes of importance:	
9. Industry or work we SAW MI 10. Date decease this occupear) 12. BIRTHPLACE (c) (State or columns)	business in which as done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and  ity or town)  ity or town)  ity or town  ity or Bro	li. Total sp oc n Caroli	time (years) ent in this cupation		
9. Industry or work w. SAW MI 10. Date decease this occupear)  12. BIRTHPLACE (c) (State or continuation of the continuation o	business in which ss done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and  ity or town)	li. Total sp oc n Caroli	time (years) ent in this cupation		
9. Industry or work w. SAW MI 10. Date decease this occupear)  12. BIRTHPLACE (c (State or coil and state or coil and st	business in which as done, as SILK MILL, LL, BANK, etcsed last worked at upation (month and lity or town)	11. Total sp oc n Caroli own nown	time (years) ent in this oupation	Name of operation Date of_	eulopsy?_
9. Industry or work w. SAW MI 10. Date decease this occupear)  12. BIRTHPLACE (c (State or coil and state or coil and st	business in which as done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and lity or town)  Lort: Lore Brown Lort: Lore Brown Lort: Lore Brown Lore Brown Lore (city or town) Lore Brown Lore Brown Lore Brown Lore Brown Lore Brown Lore Berth:  AME Berth:	11. Total sp oc oc occupants occupan	time (years) ent in this oupation	Name of operation Date of What test confirmed diagnosis? Was there an	eulopsy?_ ng:
9. Industry or work w. SAW Mil 10. Date decease this occupear)  12. BIRTHPLACE (C) (State or coil with the company  13. NAME  14. BIRTHPLACE (State or coil with the company  15. MAIDEN N. MIL 15. MAIDEN N. MIL 16. BIRTHPLACE (State or coil with the coil wi	business in which as done, as SILK MILL, LL, BANK, etcsed last worked at upation (month and lity or town).  LIOPT:  LIOPT:	11. Total sp oc oc occupants occupan	time (years) ent in this oupation	Name of operation Date of What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur?	eutopsy?_ ng: , 19_
9. Industry or work w. SAW Mil 10. Date decease this occupear)  12. BIRTHPLACE (c. (State or coil 13. NAME 14. BIRTHPLAC (State or coil 15. MAIDEN N. 16. BIRTHPLAC	business in which as done, as SILK MILL, LL, BANK, etc	11. Total sp oc n Caroli own nown	time (years) ent in this oupation	Name of operation Date of What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury	eulopsy?_
9. Industry or work we SAW Mill 10. Date decea this occupear)  12. BIRTHPLACE (C (State or coil 13. NAME 14. BIRTHPLACE (State of Coil 15. MAIDEN N. 16. BIRTHPLACE (STATE OF COIL 15. MAIDEN N. 1	business in which as done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and lity or town)  Lort intry)  Lort Brown  E (city or town)  AME  Berth  E (city or town)  T country)  AME  Berth  T country)	11. Total sp oc n Caroli own nown	time (years) ent in this oupation	Name of operation Date of Was there an 23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or lown, county and St.	eulopsy?_
9. Industry or work w. SAW MI 10. Date decease this occupear)  12. BIRTHPLACE (c. (State or continue)  13. NAME  14. BIRTHPLACE (State or Continue)  15. MAIDEN N. (State or Continue)  16. BIRTHPLACE (State or Continue)  17. INFORMANT (Address)  18. BURIAL, GREMA Place	business in which as done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and lity or town)  Lort intry)  Lort Brown  E (city or town)  AME  Berth  E (city or town)  T country)  AME  Berth  T country)	11. Total sp oc n Caroli own nown	time (years) ent in this oupation	Name of operation	eutopsy?
9. Industry or work we SAW Mill 10, Date decea this occupear)  12. BIRTHPLACE (C (State or coil 13, NAME 14, BIRTHPLACE (State or Coil 15, MAIDEN N. 16. BIRTHPLACE (State or Coil 16, BIRTHPLACE (State or Coil 17, INFORMANT (Address) 18. BURIAL, GREMA Place	business in which as done, as SILK MILL, LL, BANK, etc sed last worked at upation (month and lity or town)  Lort intry)  Lort Brown  E (city or town)  AME  Berth  E (city or town)  T country)  AME  Berth  T country)	11. Total sp oc n Caroli own nown	time (years) ent in this oupation	Name of operation	eutopsy?

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1601 6 1931	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	3-5-5	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCURA

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEAT	H		TEAND	- Pu	11694
County_		Arund		State Hos	Registration	Dist. No. 21
Village (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(1)	PINO: 1 f death occurred in a hospital or institution, give its NAM 9 ds. How long in U.S.If of foreign birth?	St., W 1E instead of street and number) yrs. mos.
2. FULL	NAME	Mary	E. Brow	n		
(a) Resi	idence: No	Harfo	rd Coun	ty, Maryl	and. If nonresiden	it give city or town and State
l	ONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICAT	E OF DEATH
female	bla		5. SINGLE, MAI OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Oct ober 21	st 1931 (Yaar
5a. If married, w HUSBAND (or) WIFE	idowed, or divorce of of	nknown			October 12th, 19 31, to	Y, That I attended deceased October 21 102
6. DATE OF BIR	TH (month, day	and year)	1885		I last saw h er alive on October	
7. AGE	Years 46	Months	Days Known	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, at  The PRINCIPAL CAUSE OF DEATH end related cau were as follows:	50 A M
SAW Kind	rofession, or par of work done, e YER, BDDKKEEP	S SPINNER,	Cook		Exhaustion due to pr	olonged Date of or
9. Industry work	or business in was done, as SI MILL, BANK, etc.	which LK MILL,				<i>3.</i> 4.
this !	ceasad last work occupation (mont )	h and	SD3	tima (yeers) int in this upation		
12. BIRTHPLACE		Maı	yland		Dther Contributory Causes of importance: Involution Melancho	lia 9 d
œ 13. NAME		Unknow	vn			
1.7	.ACE (city or tow te or country)	n). U1	nknown		Name of operation	Data of
15. MAIDEN	NAME II	nknown			23. If death was due to external causes (VIOL ENCE)	
15. MAIDEN 16. BIRTHPL			Inknown		Accident, suicide, or homicide?	Date of injury, 19
17. INFDRMANT	He or country)	ospital rownev	Record	ls	Whera did injury occur?(Specify city of Specify whether injury occurred in INDUSTRY, in H	or town, county and State) OME, or In PUBLIC PLACE.
18. BURIAL, CRE	MATION, DR RE	MOVAL	Data Ge	+ 25 <sub>,19</sub> 31	Manner of Injury	
19. UNDERTAKEE		u M.	Layle	200	24. Wes disease or injury to any way related to occu	payon of deceased?
20. FILED	\$ 22,19		yhe.	Registrar.	(Signet) Crownsvil.	
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No	7. I.

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BURRAU V. S.	. 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIL	OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH		11605
County a. a.	····	Registration Dist. No.
Village or City Consultation of the Length of residence in city or fown where		No. 2.3 St., Wa  (If death occurred in a horbital or institution, give its NAME instead of street and number)  os. ds. How long In U. S. if of foreign birth? yrs. mos.
2. FULL NAME	exceed yes	US. Now long in 0.5.11 of foliagh birth!yrsmos
	0	St. Ward.
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
No Ser 4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH, 3/ (Month) (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. / I, HEREBY CERTIFY, That, I attended deceased for
(01) 1112 01	- M - 1 (Ca	Oct 3/ 197 to Oct 4 191
6. DATE OF BIRTH (month, day, and year)	Det 31-1931	I last saw 3 alive on Q A 3 , 19 34 ; death is s
7. AGE Years Months	Days If LESS than 1 day, hrs	to have occurred on the date stated above, at \$12.45.792.m.
	or15 min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		mustrosity
SAWYER, BDDKKEEPER, etc.	•••••	Journ extitude f
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		The De Dental Olive
10. Date deceased last worked at this occupation (month and	I1. Total time (years) spant in this	werent from
year)	occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Conse	apolet. mi	
(State or country)		
13. NAME Damuel	. J. 12200m	
13. NAME Americal 14. BIRTHPLACE (city or town)		Name of operation
(State of country)	foct.	What test confirmed diagnosis?
15. MAIDEN NAME MONCO  16. BIRTHPLACE (city or town)	re C Hardens	25. Il death was due to external causes ( VIOL PIOL) thi th also the following.
16. BIRTHPLACE (city or town)	rolk	Accident, suicide, or homicide?
(State or country)	John	Where did injury occur? (Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMAND and office (Address) and aleale	5 Down	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	11 31	Manner of injury
PlaceElmina N. J.	Date/ 1) 2 - , 19	Nature of injury
19. UNDERTAKER B & H	ofeforing A	24. Was diseasa or Injury In any way related to occupation of deceased?
(Address) man octan	eur mi	II SO, SDECITY

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Chronie interstitial nephrilis	1921	Run over by street ear	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

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1. PLACE OF DEATH		YLAND-	CERTIFICATE OF DEATH		
County And arande  Village or City Crown SV  Length of residence in city or town where de	1116 St	yrsmo:	Registration Dist. No.  St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s. 40 ds. How long in U.S. If of foreign birth? yrs. mos. ds.		
(a) Residence: No. Ball	(Usual place		St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word)		D (qurite the word)	21. DATE OF DEATH October 8th (Day) (Yaar)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I attended deceased from 18th 1931, to October 811,1931		
6. DATE OF BIRTH (month, day, and year)	1896		I last saw h_ im alive on Oct. Oth 19.31; death is said		
7. AGE Yaars Months 35	Days no vn	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	sper	ima (years) nt in this	General Paralysis of the Inssne		
12. BIRTHPLACE (city or town) laryland (State or country)			Other Contributory Canses of importance:		
표 13. NAME .: 11112 기기	Sh 7 28	đ			
13. NAMEillish Pysh, desd 14. BIRTHPLACE (city or town)			Nama of operation Date of What tast confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Rocie (Unknown)  16. BIRTHPLACE (city or town)  (State or country)			23. If death was due to extarnal causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?		
17. INFORMANT TOSSITED RECORDS  (Address) J			Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place II Fleuhus Country Date Och 10 th , 1931			Manner of injury		
19. UNDERTAKER Chalibald of Sacfdis (Address) 1845 and Gallon March 19. 1931 France C. France 20. FILED A 9. 1931 France C. France 20.			24. Was diseasa or injury it any way remad to occupation of deceased?  If so, specify  (Signeth M. D.		
20.112.00	1	Registrar.	(Address) Olove Ville, Ter lend		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation—was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1000 8 1001	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	ETHEAT V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	


BIRTHPLACE

(State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country

OF FATHER

(Informant

PARENTS

11697

# STATE OF MARYLAND

County County,	CERTIFICATE OF DEATH
6.0. md. #1	Registration Dist. No. 24
Village or City Churchelis (No. 60)	Oathebes St.: Ward)  alkour St.: Ward)  (if death occurred i a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marie Cloved Single, Marrie Widowed. Marrie (Write the word)	16 DATE OF REATH 26 (Month) 26 (Day) 73 (Year)
6 DATE OF BIRTH May 9 th, 1884	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to 2 7 7 1931 that I last saw ham alive on Ct 2 7 1931
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at 11:30 Fg
B OCCUPATION  (a) Trade, profession or Attured Policemans.  Particular kind of work	The CAUSE OF DEATH * was an follows:
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) A yrs mos de
9 BIRTHPLACE (State or country) weapolis, a, a, Co, ms,	Contributory Secondary  (Durstion)

\*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from (2) Whether

-	ients or Recent Residents)	Hospitais, Institutions, Irans
	At place of deathyrsmosds.	In the State
	Where was disease contracted, if not at place of death?	, d d d d d d d d d d d d d d d d d d d
	Former or	

400	al reside	1 00140100				
-		-	4	_		
19	PLACE	OF	BURIAL	OR	REMOVAL	
1	1 1		13.			

DATE OF BURIAL

M. D.

20 UNDERTAKER

If more branks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

OF MY KNOWLEDGE

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servani, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househow ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laboreryrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(6) Grocery;

Streement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tehanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, Calans should state CAUSE OF DEATH in plain terms so that it may be properly classified. Statement of OCCUPATION is very important, See instructions on back of certificate. BINDING FOR UNFADING INK--THIS MARGIN RESERVED

V. S. No.

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HYSI-

PLACE OF DEATH



# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2 3

Village or City Seema Park. (No	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Ord 5" (Month)	
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on	٧ ٢ , 193
7/ yrs. 2 mos. 26 - ds. If LESS that I day hre or min.	The CAUSE OF DEATH * was as follows:	d above, at 5 P Q m
8 OCCUPATION (a) Trade, profession or as home.  particular kind of work		ear of the flow
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Chole Cystela	yısds.
9 BIRTHPLACE (State or country) Was Vergence.	Secondary (Duration)	yıs mos ds
10 NAME OF FATHER Sona Than Seymour	(Signed) S. Bell Get 5 192 (Address)	- Burne me
OF FATHER (State or country)  West Virginia	*State the Disease Causing Death, Violent Causes, state (1) Means of I. Accidental, Suicidal or Homicidal,	or, in deaths from jury and (2) Whether
of MOTHER anna Paymous	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	tals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  The ground.	At place In the	teyrsds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant) Sey mour Jumes (Address) Seferna P11. Ma	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 File 0 5 1923 1 Colon 10 100 100	20 UNDERTAKER	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-(b) Colton mill; (a) Salcsman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. 6) Grocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning; Struck by railway traincarbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Every them of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

V. S. No. 1

1. PLACE O	F DEATH Anne Arundel			TERMIFICATE OF DEATH
County			4 77 1 1	Registration Dist. No.
Village or (  Length of res  2. FULL NA	Idence In city or town where		yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
1.5			Maryland	
(a) Resider	ice: No. Be	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
male	4. COLOR OR RACE black		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 5th (Month) (Day) (Year)
5a. It married, widow HUSBAND ot (or) WIFE ot	ved, or divorced			22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH	(month, day, and year)	1912		last saw him alive on October 5th 19 51 death is said
7. AGE Yea		Days	If LESS than	to have occurred on the dete stated above, et 11 P.m.
	L9 Un	known	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month end year)  11. Total time (years) spent in this occupation				Mitral regurgitation with  failure of compensation 4 mos
				Other County Inc.
	12. BIRTHPLACE (city or town) Maryland (State or country)			Other Coutributory Causes of Importance:
13. NAME		Clipper		
13. NAME 1111am Clipper  14. BIRTHPLACE (city or town)   Heryland (State or country)				Name of operation Dete of Whet test confirmed diagnosis? Was there an europsy?
15. MAIOEN NA	ME Blanch	e (Unkr	iomii)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Blanche (Unknown)  16. BIRTHPLACE (city or town) Maryland (State or country)				Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT(Address)	Horpt K	your	me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	TION, OR REMOVAL MA	Date 10/6		Manner of Injury Nature of injury
19. UNDERTAKER (Address)	Rocking	den n	~	24. Was disease or injury in any way related to open pation of deceased?  If so, specify
20. FILED Ω.C.	0,19	60)	Registrar.	(Signed) M. I (Add(ess) CIQWISVILLE, IET Land

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis -1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ESERV

MARGIN

# CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed r," etc., especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same acceptpneumonia, Bronchopncumonia ("Pneumonia,

> dtaab 1 . 93B noitibbs (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol vacident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

letter under

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a'l qu stions All the

PLACE OF DEATH	STATE OF MARYLAND
County auce arenales	② CERTIFICATE OF DEATH
eg.	Registration Dist, No. 20
Village or City alexalle (No	St.: Ward) (if death occurred in a hospital or institu-
2FULL NAME Galy (Girl)	Holland. Crowner tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH OCT 2/, 192/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct «1, 193,	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE Steel Bree   If LESS than   day hrs.   ds.   or min.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
OCCUPATION (	NUU TOM
(a) Trade, profession or particular kind of work	
(b) General nature of industry	The state of the s
business, or establishment in which employed or (employer)	Duration) wys. mos. ds.
9 BIRTHPLACE	Contributory Secondary
(State or country) Ill Oreglaced.	(Question) / yro Amos de.
10 NAME OF FATHER WORLD SALE	(Signed) My Meylor MD.
11 BIRTHPLACE	192 (Address) / La Leal Keg
OF FATHER (State or country) Mareglaces.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lectrude will	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	iente or Recent Residents) At place In the
OF MOTHER (State or Country) Mary level.	of deathyrsds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Hole: Courses	Former or usual residence
(Informant) full full with the second	19 PLACE OF BURIAL OR BEMOVAL OATE OF BURIAL
(Address) Jalestille, Mfd.	Calesville. Wed 10/2/31
15 Filed 10/21 1921 M. Caylon	20 UN OERTHKER APORESS
Filed 192 Registrar	Mil, Hardesty Valesville.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.- OF OCCUPA.

Registration Dist. No.  Village or City.  Village or City.  Length of rasidence in city or town where daath occurrad.  Length of rasidence in city or town where daath occurrad.  Length of rasidence in city or town where daath occurrad.  Vis.  No.  No.  No.  Village or City.  No.  No.  Village or City.  St.,  Ward.  Length of rasidence in city or town where daath occurrad.  Vis.  No.  No.  Village or City.  No.  No.  No.  Village or City.  No.  No.  No.  Village or City.  No.  No.  No.  Village or City.  No.  No.  No.  No.  Village or City.  No.  No.  No.  No.  Village or City.  No.  No.  No.  No.  No.  No.  No.  N	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11612
Village or City  Villag	1. PLACE OF DEATH	(1)
Length of rasidence in city or town where daath occurred	County . a	Registration Dist. No.
Length of rasidence in city or town where daath occurred yrs. mos. ds. How long In U.S. if of foraign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. Mady O Color of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write throword)  OR DIVORCED (write throword)  (or) WIFE of O Color of Additional or of the color	Village or City some appoles one	
2. FULL NAME  (a) Residence: No. Oracy o maryland St., Ward.  (Usual place of above)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write theyword)  For HUSBAND of (or) WIFE of Marine So. Readers of the State St., Ward.  (Month)  (Day)  (Year)  19  10  19  10  19  10  19  10  10  11  12  11  12  13  14  15  15  16  16  16  17  18  19  19  19  19  10  10  10  10  10  10		
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wrige thy word)  OR DIVORCED (wrige thy word)  HUSDAND-of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaar)  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  193  (Ward)  21. DATE OF DEATH  (Month)  (Day)  193  (Year)  22.  1 HEREBY CERTIFY, That I attanded dacased from the data stated abova, at 193  (Isst saw h. aliva on 193  (I	10 -1 - 11	
(Usual place of above)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED ("write the word)  Sa. If married, widowad, or divorcad  HUSBAND-01 (or) WIFE of  6. DATE OF BIRTH (month, day, and yaar)  Months  Days  If LESS than 1 dayhrs. ormin.  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  193  (Year)  193  193  193  193  193  193  193  19	E Dayley Magarle	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)  5a. If married, widowad, or divorced HUSBAND-of (or) WIFE of March 6. March 7  6. DATE OF BIRTH (month, day, and yaar)  7. AGE Years Months Days If LESS than 1 day. hrs. or min.  1 1 day. hrs. or min.  1 2 Trade profession of particular.  Date of onse		
OR DIVORCED ("write the word)  5a. If married, widowad, or divorced HUSBAND-of (or) WIFE of March 6. March 7  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  Months  Days  If LESS than 1 dayhrs. or min.  1 dayhrs. or min.  1 dayhrs. or min.  Date of onse	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND-of (or) WIFE of Marion le. Hawson  6. DATE OF BIRTH (month, day, and yaar) Oot 18-1902  7. AGE Years Months Days If LESS than 1 day. hrs. or min. 1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:  Date of onse	OR DIVORCED (write the word)	OCV 1 193 /
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 7. m.  28 1/ 1 aday	HUSBAND-01 (or) WIFF of A	22. I HEREBY CERTIFY, That I attanded deceased from
8 Trade profession or particular	6. DATE OF BIRTH (month, day, and yaar) Oot 18-19.02  7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at
SAWYER, BOOKKEEPER, atc.    Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.    10. Date deceased last worked at this occupation (month and year)   11. Total time (years)   Spant in this occupation (month and year)   Other Contributory Causes of importance:	8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc S. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and spent in this	Qualphale For mot energh about alitie lethongica on aleeping aickness. Fift 15
12. BIRTHPLACE (city or town). Q. C. CO. M. Slave of country)  13. NAME  14. BIRTHPLACE (city or town). And Care for a partial such as the condition. Name of operation.	(State or country)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	Glass of horyn gral futte
15. MAIDEN NAME Talitha a. Ty one 23. If death was due to external causes (VIOLENCE) fill in also the following:	Charles 1 120	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?
(Address) may o. m.d.  18. BURIAL, CREMATION, OR REMOVAL  Place Hope Chapel  Data Of 3-,1931  Nature of injury  Nature of injury	18. BURIAL, CREMATION, OR REMOVAL	
19. UNDERTAKER B H Offorms  (Address) amapsel mod [19. Undertaker B ]  24. Was diseasa or injury in any way related to occupation of dacaasad?  If so, specify African [19. Undertaker B ]	, 0/1/	
20. FILED 21 2 1931 Frey 6 Co for a Mos (Signad) Muller and M. Registrar. (Addrass) Auco of State Medistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registrar.	(Addrass ! Tunafattis my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ARGIN RESERVED FOR BINDING

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNED SAWYER, BOCKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Name of operation.	2. FULL	de	or town where de	ath occurred	me-	descurred in a hospital or institution, give its NAME instead of street and loss. John long in U.S. is a furging to the	number)
3. SEX  1. COLOR OR, RACE OR DIVORCED (sprite the word)  5. If married, widewed, or divorced MUSANO or (cr) Wife of (cr) W			STATISTIC				d State
HUSBANO of (or) WIFE of (or) WI				S. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH	, 193 (Yea
6. DATE OF BIRTH (month, day, and year) 7. AGE	HUSBAN	of	d				
Sawyer, BookKepper, etc.	7 AGE	Years	Months	Days	1 day,hrs.	I last saw h alive on, 19, 19	
14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. What test confirmed diagnosis?  Wes there an autopsy  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether murry occurr?  Manner of injury  Manner of injury  Manner of injury  Manner of injury	12. BIRTHPLA (State	s occupation (month ar) CE (city or town)	d at sand sees.	11. Total	time (years)	Other Contributory Causes of importance:	
23. If death was due to external causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, swicide, or homicide? (Specify city or town, county and State) Specify whether injury octurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Manner of injury	H 14. BIRTH		· Ga	706	المعال		autonsy?
18. BURIAL, CREMATION, OR REMOVAL	15. MAIDI	PLACE (city or town tata or country)		pro	actin	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, swieder or homicide?  Where did Injury occur?  (Specify city or town, county and St	ng: , 19_
	17. INFORMAN	35)	10VAL/	Date (0	A-9/1921		0 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:	

1. PLACE OF DEATH plnods Registration Dist. No. County\_c Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Length of residence in any or town where death occurred. mos. statement PHYSICIAN 2. FULL NAME (a) Residence: No. RECOR (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 21. DATE OF DEATH COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CTL (Day) (Yaar) classified. BINDING 5a. If marriad, willowed, or divorced HUSBAND mf 22. HEREBY CERTIFY. That I attended decaased from (or) WIFE of .... to .... 1 : death is said certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 61 FOR stated 1 day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... mic. were as follows: Date of onset 8. Trade, profession, or particular ARGIN RESERVED pe kind of work done, as SPINNER jo SAWYER, BOOKKEEPER, etc. may back plnous Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... Date deceased last worked at 11. Total time (years) on spant in this this occupation (month and yaar) \_\_\_\_\_\_ occupation instructions Other Coutributory Causes of importanca: 80 12. BIRTHPLACE (city or town) \_\_\_ (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) What test confirmed diagnosis?\_\_\_\_\_ Wes there an autopsy?\_\_\_\_ be carefully OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: im portani 16. BIRTHPLACE (city or town) DEATH Σ (State or country) Where did Injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE AUSE mation TION Nature of injury 24. Was disease or injury in env wey ralated to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeor	

No. 1

## STATE OF MARYLAND CERTIFICATE OF DEATH

(Yes ILLESS

1 day

Registration Dist. No.

rt	Rills) Dorsey	d) a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE	OF DEATH
	16 DATE OF DEATH OUNTS	16 , 1981
		(Day) (Year)
3/	17 Och / 7 193/ to	Retended the deceased from
r)	that I last saw halive on	, 192,
han	and that death occurred on the date state	ed above, at 7, 30 Pm.
hrs. in.?	The CAUSE OF DEATH * was as follows:	
	Unhealty fum	Birth
	<i>f</i>	***************************************
	(Durstian)	yrsds.
	Contributory	y(3,11105,
	Secondary	924 · · · · · · · · · · · · · · · · · · ·
-	(Signed) NO ESSEI NO NOS	MISH GULLIAND.
	Och 17 1923/ (Address) C/a	edition
	*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
	18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans-
	At place of death yrs. mos. ds.	he tateds.
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	
-	Mount Jaba	Och 18, 1931
	20 UNDERTAKER	ADDRESS
	Jambriel	Gambrices md

If more bianks are needed, address State Registrar, 19/W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, writc None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on or especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day (a) the kind of work and also (b) the -Coal minc, etc. (b) The quesmaterial Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia," Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisaned by Examples: A ceidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need Chronic valvular heart disease; ctc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

tem statement PHYSICIAN PERMANENT CIL M properl stated THIS ARGIN RESERVED be may plnods AGE 88 supplied. terms, plain be carefully DEATH OF -WRITE

BINDING

FOR

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH should Registration Dist. No Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? vrs. mos. Langth of residence in city or town where death occurred (a) Residence: No. (Usual place of abode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Oay) (Yaar) 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) Days If LESS than 7. AGE Years Months to have occurred on the date stated above, at. 1 day.....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or \_\_\_\_\_rein. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPATION of back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc...... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or tow (State or country) FATHER 13 NAME See 14, BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ..... Was there an autopsy? ..... MOTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, mation should very 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) if so, specify 20. FILEO. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 10/15 493	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage   BURLAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMANE WRITE PL

V. S. No. 1

N. E.

PLACE OF DEATH	1161	STATE OF	MARYLAND
County / A Co	(III)	CERTIFICAT	TE OF DEATH
/		Pagistratio	n Dist. No. 20
Village or City West Rivsy (No.		St.:Wa	rd) (If death occurred in a hospital or institu- tion, give its NAME ir-
2FULL NAME Dally Anne	Downs		stead of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	5 ME	DICAL CERTIFICATI	E OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	CE 16 DATE OF DE	Oct	2 9 , 19 3/ (Day) (Year)
S DATE OF BIRTH Suly 13 th	931 one 0	cf 28 1928/ . to C	attended the deceased from
(Month) (Day)	(Year) thet I lest saw !	alive on Que	F Z L 1925/
		occurred on the date sta	
yrs. 3 mos. ds. or		DEATH * was ns follows:	antern .
B OCCUPATION	min.?	acera of	
(a) Trade, profession or			
particular kind of work  (b) General nature of industry	00-0000000000000000000000000000000000	2 6 6 1 7 7 8 8 <b>8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 </b>	· · · · · · · · · · · · · · · · · · ·
husiness or establishment in		(Duration)	vrs. mos. da.
which employed or (employer)	Contributory	Muxnon	
9 BIRTHPLACE (State or country) Manuface of	Secondary	(Durstion)	yrs mos ds.
10 NAME OF Authories Nouve	(Signed).	raclam a	Durid MD.
M 11 BIRTHPLACE		.192 (Address)	or lever flesh
OF FATHER (State or country)  Mary 12 MAIDEN NAME  OF FATHER (State or country)	*State th Violent Cause Accidental, Sui	e Discase Causing Dea es, state (1) Means of icidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
of MOTHER Mary hours			spitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place	ln.	the State vrs ds
(State or country) Volly Cared	of deathyrs Where was disease	contracted	
14 THE ABOVE IS TRUE TO THE BEEF OF MY KNOWLEDGE	if not at place of	dee.h?	
(Informant) allegrey Hour	Former or usual residence	0005-10000	
Wat Mary 1	19 PLACE OF BI	URIAL OR REMOVAL	DATE OF BURIAL
(Address)	1 Daniel Sa	2 Emetery	Det 29, 1951
15 Filed 10/29 1991 Molassia	20 UNDERTAKE	R	ADDRESS,
a lice	strar alini ,	danduty	Taleanly her
If more hanks are needed, address State	Registrar, 16 W. Saratoga	St., Balto., Requesting	V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Form laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many tion applies to cach and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocguged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a Foremon, For many occupations a (b) Cotton mill; (a) Solesmon, (b) Grocery; mon, (b) Automobile factory. The material specifically the occupations of persons enwho have no occupation single word or term on The ques-

Strtement of Cause of Death—Name, first, the DISEASE COUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." curbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonoeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by roilway train-Never report mere symptoms or terminal condiinterstitial nephritis, Chronic volvular heart disease; etc. The eontributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA-

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

Everyttem of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH	1417414	82.	2	618	
County An	ne Arunde	1		Registration Dist. No.	1	
	Crownsvi		e Hospit	ol wa	Ward	
	ce in city or town where	A	(1:	f death occurred in a hospital or institution, give its NAME instead of street and n  S. 18 ds. How long in U.S. If of foreign birth?	number)	
	III - Carlotte III -		yrsmos	s	)sas.	
2. FULL NAME		DUVALL	~			
(a) Residence:		(Usual place	of abode)	Md St., Ward.  If nonresident give city or town and	State	
	AND STATIST			MEDICAL CERTIFICATE OF DEATH		
male  4. COLOR OR RACE black  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			(write the word)	21. DATE OF DEATH October 31st	, 193 1 (Year)	
5a. If married, widowed, HUSBAND of				22. I HEREBY CERTIFY, That I attended		
(or) WIFE of	Unknown			March 13 19 26 to October 3		
6. DATE OF BIRTH (mor	oth, day and year)	1898		Hast saw h. im alive on March 13 ,19 3		
7. AGE Years 33	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4 : 30 Am M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession kind of work SAWYER, BD	done, as SPINNER.	Unknow	ormin.	were as follows: Cerebral Hemorrhage	2 hrs	
SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and year) occupation occupation					*********	
12. BIRTHPLACE (city or (State or country)	town) Mary			Dither Coatribatory Caases of importance:  Dementia Praecox - paranoid		
	an Duvall	1.55		type	4 yrs	
I IS. NAME	Mor	yland				
14. BIRTHPLACE (cit	ntry)			Name of operation Date of What test confirmed diagnosis? Was there an a		
15. MAIDEN NAME Annie (Unknown)				23. If death was due to external causes (VIOLENCE) fill in also the following	:	
16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Date of injury Where did injury occur?		
	ospital Re Crownsvill		l and	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION	OR REMOVAL	Date / C	9 ,1986	Manner of injury		
19. UNDERTAKER	HBJ	arker	2	24. Was disease or injury in any way related to occupation of deceased?	0	
(Address)	7 100hm	greater for	7 cu Suns	If so, specify (Signed)	03 M. D.	
	1	1	Registrar.	(Address) Crown sville Wa		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example I	İ	Example II		
The principal cause of de of importance were as fol		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC 7 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TOPINGOLU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory course	of immentance.		Other contributory causes of immentance		
Other contributory causes of importance:  Gallstones		May 1,1923	Other contributory causes of importance:  Castroenteritis	1 year	
Gaustones		May 1,1923	Gastroenterius	1 yea	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County anna arendel	Registration Dist. No. 23
Village or City Brooklyn Heights	No. 122 Loss are st., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
10781.+	
2. FULL NAME John + Cercers	
(a) Residence: No. 132 Works and (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE North OR DIVORCED (write the word)  White	21. DATE OF DEATH Och (Month) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of Thanks Eckert	22. HEREBY CERTIFY, That I attended deceased from 22. JHEREBY CERTIFY, That I attended deceased from 1931, to Och 24, 1931.
6. DATE OF BIRTH (month, day, end year) Mary & the 1869	Hast saw hour alive on Oct 29 , 193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
62 5 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, FORMER SAWYER, BOOKKEEPER, etc.	Cerebral hemorrhage of 11/21
kind of work done, es SPINNER, Formes  SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, es SILK MILL, National Enages of SAW MILL, BANK, etc.	
O 10. Date deceased last worked et this occupation (month and 11. 1931 spent in this year)	
12. BIRTHPLACE (city or town) Baltimore (State or country)	Other Contributory Causes of Importance:  Oxygrevrusery  Buspania
13, NAME John 7 Eckert Sr	
14. BIRTHPLACE (city or town) Baltimore	Name of operation
(State or country)	Whet test confirmed diagnosis? The Was there an au opsy?
15. MAIDEN NAME Mineral Straum	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Minmel Strammen  16. BIRTHPLACE (city or town) Baltimae	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT George t cokers (Address) 121 serve are Brooklyn He	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cedar Idelli com Date NOV. 2 , 19 at	Nature of Injury
19. UNDERTAKER Searcy & chilling + Sons (Address) 1126 EM rument t	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 30, 1971 C Woodsuff Registrar.	(Signed) While Stife M. D.  (Ardress) 1819 Right & Buto
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	į	Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
. Ser you as sold to stillings				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1

	CERTIFICATE OF DEATH 11620
1. PLACE OF DEATH  County Anne Arundel	12-0
	Registration Dist. No.
Village or City Crownsville State Hosp	2 6 Nb. St., Ward depth occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 8 yrs 11 mos	29 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bertha Franklin	
(a) Residence: No. Weshington County (Usual place of abode)	y, Md. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female black 5. Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	21. DATE OF DEATH October 19th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Unknown (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from October 20, 19.22, to October 19 1931
6. DATE OF BIRTH (month, day, and year) 1889	Hast saw her alive on October 19th 1931 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2: 30Am
42 Unknown 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Unknown SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Myelogenic leukemia Date of onset
SAW MILL, BANK, etc.  Dato deceased last worked at this occupation (month and year)  year)  11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or to Linknown (State or country)	Dementia Praecox - peranoid
TI 13. NAME Unknown	type
14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Unknown (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Hospital Records (Address) Crownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date / 5/3/19	Manner of Injury
19. UNDERTAKER A: X: Coffeed	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 19 Recierce	(Signed) M. D. (Address) Cl'OWISVIII & M. D.

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xample I		Example II		
th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
OU 6 1921	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street ear	1 week ago	
REAT V.S.	July 5,1927	Peritonitis	3 days ago	
and the same of th				
of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	ov 6 331	of importance:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:	

PHYSICIANS should state Exact statement of OCCURA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1 N. B.- STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			95-7	11681
County	Anne Arund	.eL	Registration Dist. No.	-1
Village or C	ity Eastport	, Maryland	No.  f death occurred in a hospital or institution, give its NAME instead of str	St., Ward
Length of res	idence In city or town where		ds. How long in U.S. if of foreign birth?	
2. FULL NA		s Frederick		
	TO 0	stport, Md.	O) Ward	
(a) Resider	ce: No.	(Usualplace of abode)	St., Ward.  If nonresident give city or to	own and State
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	\TH
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day)	, 198 / (Yaar)
5a. If married, widow HUSBAND of	red, or divorced			
(or) WIFE of	Minnie	Frederick	22. I HEREBY CERTIFY, That I a	
		24th 1971	I last saw h alive on	
7. AGE Yes		Dec. 24th, 1871.	to have occurred on the date stated above, at	23, qeath 13 3aid
59	9	1 0   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan	nce
8. Trade, profe	ssion or particular	l or rain.	were as follows: The distance of the state o	Date of onset
kind of SAWYER	work done, as SPINNER, BODKKEEPER, etc.	Waterman		
Industry or	business in which s dona, as SILK MILL,		,	
SAW MII	LL, BANK, etc		-	
this occu	ed last worked at pation (month and	11. Total time (years) spent in this occupation		
	O = 70m =		Other Contributory Causes of Importance:	-
12. BIRTHPLACE (ci	ty or town) Germa	rtt A	X XXV COUNT	7
1	ottlieb Fre	derick	-	
I		Germany	Name of operation	late of
	(city or town)	oo i maii y	What test confirmed diagnosis? Was t	
15. MAIDEN NA	ME Unknown	1	23. If death was due to external causes (VIDL ENCE) fill in also tha	
I DIDTUDI ACI		nown	Accident, suicide, or homicide? Data of Injury	
	country)		Where did injury occur?	
17. INFORMANT	John A. Fi	rederick	(Specify city or town, county Specify whether Injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
(Address)				
18. BURIAL, CREMA	TION, OR REMDVAL	00+ 14 %	Manner of injury	
Place Way	Side, Md.	Date Oct. 14,19 3	Nature of injury	
19. UNDERTAKER	John M. Tay	lor	24. Was disease or injury in any way related to occupation of dece	sed?
(Address)		lis, Md.	If so, specify	
20. FILED QX	(3 1931 Am	yle c. In a mi	(Signed Sumple 17 plan	M. D
		Registrar.	(Address) Amalystas Ad	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	kample I	1 1	Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	TOPENU V.	S -1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebrol hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH stated EXACTLY, P properly classified. of certificate. Registration Dist. No. Ward) tion, give its NAME in-stead of street and MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICUL 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED OR DIVORCED (Write the word) PERMANE be should be it may be son back HEREBY CERTIFY. That I attended the deteased Instructions (Month) (Day) IIf LESS than and that death occurred on the date atated above, at 7 AGE I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry d business, or establishment in (Duration) \_\_\_\_\_yrs.....mos..... which employed or (employer) Contributory 9 BIRTHPLACE Secondary 10 NAME OF RENTS Causing Death, OF FATHER TION Violent Causes, state (1) Means of Injury (State or coun Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transd state ients or Recent Residents) 13 BIRTHPLACE In the At place Where was disease contracted, if not at place of death?..... Former or Item statement usual residence BURIAL OR REMOVAL 20 UNDE If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

a hospital or institu-

number.)

or, in

DATE OF BURIAL

BINDING

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day not gainfully em-Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever. (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Caccident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Committee on Nomenclature "Ilaemorrhage, Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11623
1. PLACE OF DEATH	
County a d	Registration Dist. No.
Village or City East ort	Not31 Bay Fridge Reve St., Ward
/-/	death occurred in a horpical or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME James E. Go	ddard
(a) Residence: No/31 Bay Reduce one	St. Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write hip word)	21. DATE OF DEATH.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Corniel E. Goddan	22. I HEREBY CERTIFY, That I attended deceased from
1000	act 3 ,1931, to act 6 ,191
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 205km.
41 3 (3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	wera as follows:
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc  10. Date dacaasad last worked at 11. Total time (years)	Third Degree Burn
9. Industry or business in which work was done, as SILK MILL,	Jiwa ajac jac
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year)	
Acres (Constanting	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I T	
[State or country] Maryland	Nama of operation Date of
	What test confirmed diagnosis? Was there an auropsy? Was there an auropsy?
H C	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Accident Date of injury Act 3, 19.3.1.
State or country)	Where did injury occur? South Rever
Walder & Galder	(Specify city or town, county and Stale) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Maril ) (Addrass) Fastfart may	Private Nome
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury 21 placem
Place of Mary's Date DA 19	Nature of Injury Burn
19. UNDERTAKER B I Hopping	24. Was disease or injury in any way related to occupation of decaasad?
(Addiass) ann apolis one	If so, specify Usereg gowlene toych
20. FILEDER 7 1931 Array 6 6. 7 45	(Signed) Leongle (Board M.D.
Registrar.	(Address) Churafalia Md.
"If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

Every item of infor-

STATE	OF	MARYL	AND-	-CERTII	FICA	TE	OF	DEATH

1. PLACE	OF DEATH			<u></u>	1604
	Anne Aru			Registration Dist. No.	7
Village or	city Crownsv	ille Sta	te Hospi	tal <sub>No.</sub> st.,	Ward
Length of re	esidence in city or town where	death occurred	yrs. 1 mos	f death occurred in a horpital or institution, give its NAME instead of street and s. 21 ds. How long in U.S. if of foreign birth?yrs	number)
2. FULL N	AME	Mary E.			
				Masy, land Ward.  If nonresident give city or lown an	
					State
3. SEX	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
female	4. COLOR OR RACE black	S. SINGLE, MAN OR DIVORCE Widov	RRIED, WIDOWED, ED (write the word) Ved	21. DATE OF DEATH October 18th (Month) (Day)	193. 1 (Year)
5a. If married, wide HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of	Unk	nown		August 27th 19 31 to October ]	
6. DATE OF BIRTI	H (month, day, and year)	1843		last saw h_er alive on October 18	
7. AGE Y	ears Months	Days	If LESS than	to have occurred on the date stated above, at 2:40 Ar. M.	
	88 Un	known	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, pro	fession, or particular f work dona, as SPINNER, ER, BDDKKEEPER, etc	None		Cerebral arteriosclerosis	- ?
9. Industry o	r business in which				
O I	was done, as SILK MILL, MILL, BANK, etc			-	
	ased last worked at cupation (month and	Sp9	tima (years) ent in this upation		
12 DIDTED ACE	(city or town)	aryland		Dther Coutributory Causes of importance: Senility	
(State or co		ar A Talla		- Delittroy	
13. NAME	Henry Rob	erts			
13. NAME	CE (city or town) Mar.	yland		Nama of operation Date of_	
(Stata	or country)			What test confirmed diagnosis? Was thera an	autopsy?
15. MAIDEN N	Jane (	Unknown	)	23. If death was due to external causes (VIDLENCE) fill in also the following	g:
15. MAIDEN N H 16. BIRTHPLA	CE (city or town)	ryland-		Accident, suicide, or homicide?************************************	, 19
1 (Otata	Hospital Rec	ond a		Where did injury occur?  (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate)
17. INFORMANT(Address)<	- //	lle. Mar	vland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREM	ATION OR REMOVAL	, 1	101 -	Manner of injury	
Place_	Visiters	Date Date	1 1/ 19	- Natura of injury	
19. UNDERTAKER .	cauce!	1 Dece	esteel	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	57872	Bene	de	If so, specify	2
20. FILED <b>Q 1</b>	19/,1931 fr	46 c. f	yes me	(Signed) Crownsville, Maryl	exid
			Registrar.	" (wodless)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

S. No. 1

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH	-		
1. PLACE OF DEATH		118	0,		
County Amne Us	undel	Registration Dist. No. 3	20		
Village or City 3 Novletyn	Mark	No. 2 Welltop Med 31 " les	Ward-		
Length of residence in city or town where death occ	//	death occurred in a horpital or institution, give its NAME instead of street and number)  4 ds 6 How long in U.S. if of foreign birth?	ds.		
2. FULL NAME Charles	homean &	woodern			
(a) Residence: No. 2 Mittleh	Read	St. 1 st Hore. Prest. 3 th Dist.			
(U	sual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH			
3. SEX  A. COLOR OR RACE OR OR	GLE, MARRIED, WIDOWED, DtVORCED (write the word)  Name (	21. DATE OF DEATH  (Month)  (Day)  (Ye	/ ar)		
5a. If married, widowed of divorces husband of (or) WIFE of Caloline Cecelia Goodwin		22 LI HEREBY CERTIFY. That t attended Accessed			
		Och 6 4 ,195/, to Got 6 11, 195/			
6. DATE OF BIRTII (month, day, and year)	11868	t test saw h alive on the 6 4, 1901; death	is said		
7. AGE Years Months	Days tf LESS than 1 day, hrs.	to have occurred on the date stated above, et Sam.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
9 Trade profession or particular	ormin.	were as follows:	onset		
kind of work done, as SPINNER.	meer	tritis me	diate		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year)	11. Totel time (years) spent in this occupation				
12. BIRTHPLACE (city or town) Lity of 13	altimore	Other Contributory Causes of importance:			
The state of the s	1100	af block			
E		Name of a continu			
(State of country)		What test confirmed diagnosts and fruit was there en autopsy?	no		
15. MAIDEN NAME Baroline Ku	benik	23. If death was due to externat causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME BASOLINE KILL  16. BIRTHPLACE (city or town) - 13 allus  (State or country)	niene	Accident, sulcide, or homicide? Date of injury, 19			
(State or country)	1 Bate and	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT A Stilliste (Address)	rad strain	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL  Place (C. C. C		Manner of injury			
19. UNDERTAKER C. HOULUS SUUNS (Address) 3 & Houlus		24. Was disease or injury in any way related to occupation of deceased?			
20. FILED Oct 6, 193/ Ida?	U. Huling Registrar.	(Signed) Strong Leilel (Address) 1074-86 Honover S	M.D.		
N Company of the Comp					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
To Co				
Other contributory causes of importance:	0.3	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B. ACCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11026
County anne annal	Registration Dist. No. 2-6
Village or City Churchton, hid	NoSt.,Ward
(If Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
0 . 4 . 60 . 1 -1	4 91 11s.
2. FULL NAME Augustine augusta	
(a) Residence: No. (Usual place of abode)	· St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Cectober 15 193 1
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
4 4 5	Oct 14 ,1931, to Oct 15 ,1931
6. DATE OF BIRTH (month, day, and year) Wovember 4, 1930	I last saw h_ Lv alive on Club 1 5 ,19 37; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 5:30 f.m.
11 12 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Bronelial preunoma
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	V
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Churchton, Ind.	Other Contributory Causes of importance:
(State or country)	(Capoulous Carlos)
13. NAME John Wells -	
14. BIRTHPLACE (city or town) Climberatione and.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rachel Gray	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Trackel Gray  16. BIRTHPLACE (city or town) Churcheton & history  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Daniel Gray (Address) Chan alst in hid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place translin Cem Date Och / 6 , 1931	Nature of Injury
19. UNDERTAKER 1 B Johnson	24. Was disease or injury in any way related to occupation of deceased?
20. FILED OCH 16, 1931 Geo Thenh MD Registrar.	(Signed) E mily C. Hammad M. D.  (Address) Lattuan, Ind.
Areac	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of do of importance were as follows:	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	a CELL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	201	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1101	July 5,1927	Perilonitis	3 days ago
	BITE. AU TS			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

S	TATE C	OF MAR	YLAND-	CERTIFICAT	E OF DEATH	-
1. PLACE OF DEA	тн	*		954	2)	11627
County A.	. Count	y, Md.			Registration Dist.	No. 27
Village or City AT	mapolis	3		No. 50 F1	eet Street	St., 1st Ward
Length of residence in ci	ty or town where	death occurred			r institution, give its NAME inste J.S. if of foreign birth?	
2. FULL NAME		Green				,
(a) Residence: No.		et Stre	et	St. 1st Ward.		
(a) hesidonce. No		(Usual place				city or town and State
PERSONAL AN					AL CERTIFICATE OF	DEATH
	r or race	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word) .e	21. DATE OF DEA	(Month)	(Day) , 193 (Yaar)
5a. If married, widowed, or dive HUSBAND of (or) WIFE of	rced			22. AI HER	EBY CERTIFY 1	That I attended deceased from
6. DATE OF BIRTH (month, da	u and wass)			I last saw h_ el alive	R h	1931 ; death is said
7. AGE Years	Months	Oays	If LESS than		te stated above, at 9/004.	
About 65			I day, hrs.	The PRINCIPAL CAUSE O	F DEATH and related causes of	importance Date of onset
8. Trade, profession, or p kind of work done, SAWYER, BOOKKEE	articular as SPINNER. T	Ton do wo	]r	arlenos	July Control	~ ), f
kind of work done, SAWYER, BOOKKEE  9. Industry or business in work was done, as: SAW MILL, BANK, 10. Oate deceased last wo this occupation (mo		louse wo	rk.	Vonul	er derese	auonin
work was done, as:	SILK MILL,					
10. Oate deceased last wo this occupation (mo year)	rked at nth and	11. Total t	ime (years) nt in this upation			
12. BIRTHPLACE (city or town) (State or country)	Prince	George	County	Other Contributory Causes Museu		lette-
# 13. NAME Jeren	niah Gre	een			1	
13. NAME Jeren	/ (nwo	/irginia	1.	Name of operation	Mne	Oate of
(State of country)				What test confirmed diagno	osis? hme	Was there an autopsy? 24
15. MAIDEN NAME	Cliza Yo	oung		23. If death was due to exta	rnal causes (VIOL ENCE) fill in a	ilso tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or to (Stata or country)	own) A A	. Co., N	ld.	Accident, suicide, or homic		of injury, 19
17. I NFORMANT(Address)				Specify whether injury occ	(Specify city or town urred in INOUSTRY, in HOME, o	, county and State) or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR Place St. Ma.1	REMOVAL Y'S	Data Oct	. 10,1931	Manner of injury		
	nn M. Ta			24. Was diseasa or injury in	n any way related to occupation	of deceased?
070	1931	yhe.	Registrar.	(Signed)(Address)	yus holling	elsar M.D.
	If more	blanks are needed	address State Registrar		nove Persuadana 7) C No -	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Combral howeverhage	1921	Run over by street car	1 week ago
Corcorde nemorrange	July 5, 1927	Peritonitis	3 days ago
DURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIAN RECORD. PERMANENT CTL EX stated IS THIS plnous INK AGE supplied

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TION

DEATH

OF

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign both? 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) smale (Oav) 5a. If married, widowed, or divorced HUSBANO of CERTIFY, That I ettended deceased from (or) WIFE of 20 October 30, 1931 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS then to heve occurred on the date stated above, at. 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or .... min. Oate of onset 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc... OCCUPATION Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc .... TO. Oate deceesed last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Name of operation... (State or country) What test confirmed diegnosis?\_\_\_\_\_ Wes there an autopsy?\_\_\_ MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL, CREMATION. Manner of injury 19. UNDERTAKER \_ CX 24. Was disease or Injury in eny wey releted to occupation of deceased? (Address) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
S MUNICALL A.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND Some Munde CERTIFICATE OF DEATH Registration Dist. No. 20 classifi (If death occurred in a hospital or institu-.....Ward) tion, give its NAME ir -Hamplow stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 CINCE 3 SEX 16 DATE OF DEATH pe may be n back WIDOWED, 192 OR DIVORCED (Write the word (Month) / (Day) /3 / (Year).... I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH hat (Day) (Month) that I last saw h alive on (Year) 7 AGE If LESS than and that death occurred on the data stated above, I day hrs. The CAUSE OF DEATH \* was as follows: supplied rms ds. or min.? OCCUPATION te See (a). Trade, profession or particular kind of work refully in plain (b) General nature of industry business, or establishment in (Duration) \_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) DA O III OO 10 NAME OF FATHER 0 (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in FZ deaths from Violent Causes, state (1) Means of Injury and (2) Whether CAU (State or country Accidental, Suicidal or Homicidal. 2 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER cup/ ients or Recent Residents) CCU 13 BIRTHPLACE In the At place of death vrs.... OF MOTHER (0) (State or Country) 0 Where was disease contracted, pin if not at place of death?... of shou Every item CIANS sho statement Former or OR REMOVAL (Address) Filed If more bianks are needed address State Registrar, 16 W. Saratoga St., Balto., Registring V. S. No. 1.

BINDIN

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary Areman, etc. But in many cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL perilonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH	11630 STATE OF MARYLAND
County A.A	CERTIFICATE OF DEATH
and h	Registration Dist. No.
Village or City ANNapolis, (No. En-Route A	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR-DIVORGED (Write the word)	16 DATE OF DEATH 5-/October , 19/31 (Month) (Day) (Year)
Detu her 28 , 1890 (Month) (Day) (Year)	that I fast saw h alpe on Lead 192
40 yrs. 11 mos. 23 ds. If LESS than I day hrs. or min.?	he CAUSE OF DEATH * was as follows:
(a) Trade, profession or Maral Office.  (b) General nature of industry business, or establishment in which employed or (employer)  (b) General nature of industry business, or establishment in which employed or (employer)	Com & Death : Duyming ?  hruktefle 3 A Themas  Autornal Durante occident  ds.
State or country) Md,	Contributory Secondary  (Duration) To mosds.
TO NAME OF Charles Heary Horlow.	(Signed) A war K. S. Norfel (Lang)
OF FATHER (State or country)  (State or country)	*State the Disease Causing Death, in deaths from Violent Causes, state (1) Means of Indix and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Hadessa Hanilton.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Per Na.	At place of death yrs mos. ds. In the State yrs ds.
(Informant) Mr. F. S. M. Covi ley,	if not at place of death?  Former or usual residence.
(Address) I than, Penno	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 A V . Q . Q . Q	20 UNDERTAKER O ( ) ADDRESS ( )1

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ν. 8.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more pressure, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) O. For many occupations a single word or term on man, (b) Automobile factory. At Home, and children, not gainfully emfactory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to fine and causation), using always the same accepted to a for the same disease. Examples: Corebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Fyphnid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia "Pneumonia,"

> on diseases resulting from childbirth or miscarriage as "PUERPERAL septimenta," "PUERPERAL perilonitis," etc. State cause for which surgical operation was underand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, as fracture of skull, carbblic acid - probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainuccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopucumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of tetamus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-(hronic valvular heart disease; and consequences e g., sepsis, etc. The contributory "Haemorrhage,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Should state OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Everyltem of infor-Exact statement of PHYSICIANS stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY,

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	F MARILAN	D—CERTIFICATE OF DEATH
County A. H. A.	undel	Registration Dist. No.
	ille Sucur. In	
	les merris imore uity, l (Usual place of abode)	Ward.  ## nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OLGOR	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	VED. 21. DATE OF DEATH
5e. If married, widowed, or divorced HUSBAND of COT)-WHE-of Zlla II	rris	22. I HEREBY CERTIFY. That I attended deceased from Sept. 25., 1931.
6. DATE OF BIRTH (month, day, and year)	.876	I last saw h. 1 m. alive on Oct . 2nd . 1931; death is said
7. AGE Years Months 55	Days If LESS I day, or m	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	Diabetes Mellitus 1 yr
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spant in this occupation	Other Coutributory Causes of importance:
(State or country)	Harris, des	
14. BIRTHPLACE (city or town) (State or country)	rzinie	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME	(Ummiown)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	rgnie	Accident, suicide, or homfcide? Date of injury, 19  Where did injury occur?
17. INFORMANT HOSpitals A	tecords e Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL MATON, PREMOVAL	apate Ock or ,1	Manner of injury  Nature of injury
19. UNDERTAKED STATE (Address) STATE (Address)	they let	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Cel 3 , 1931 F2	746 PRegist	(Signed M. D. (Address) M. D.
If more l	blanks are needed, address State Re	gistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis (	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:  May 1,1928  Gastroenteritis	

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. H UNFADING INK---THIS IS A PERMANE WRITE PLA

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

PLACE OF DEATH	1163 STATE OF MARYLAND
County anna arundel	GERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Annasolis (No.	3 Vaca St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and
2FULL NAME Elizabeth Tou	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED OR DIVORCED	16 DATE OF DEATH Ocf. 7
6 DAVE OF BIRTH June 15 1 FP1	17 HEREBY CERTIFY, That l'attended the deceased from 1921 to 1921 1921
(Month) (Day) (Year)	that I last saw h L. alive on W
7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows:
SOyrs. S mos. ds. or min.?	Butterselecter Carded - namelar
B OCCUPATION (a) Trade, profession or	asson
particular kind of work to ousliming.  (b) General nature of industry	V) Henegrene (alleighenden / st. foot
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Washington Brown	(Signed) (Address) Junified W. D.
OF FATHER (State or country)	State the Disease Causing Death, or, in deathe from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Elizabeth Stilly	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs ds.
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usus residence
(Informant) Joseph To octoch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 155 Bacs St	Brew Hell 10/20/, 197
15 Filed Oct 19 19231 729 6 C. fr 62	Horas E. Hicky Ju. 34 youthwest
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. Housemuid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day -Coal mine, ctc. Locomotive engineer, (6) Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> Catelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenelature of the as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopucumonia (secondary), stated unless important. (secondary Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritanaeum, etc., Carcinoma, Sarcoma, carbolic acid-probably suicide. The nature of the injury, accident; Revolver waund of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Aecidental drawning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be ChronicExample: Measles (disease valvular heart discase; etc. The Always qualify all contributory etc., of

This certificate is looked over thoroughly and all questions changered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-JARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	MARYLAND—		632
County	£ ,	Registration Dist. No.	20
Village or City	7	death occurred in a nospital or institution, give its IVAIVIE, instead of street an	
2. FULL NAME  (a) Residence: No.	death occurredyrsmosmos	leand  St., Ware.  If nonresident give city or town a	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 198 2/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	July	22. 6 LI HEREBY CERTIFY, That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year)	1931.	I last saw here alive on Oct 174, 193	; death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs. ornain.	to have occurred on the date stated above, at	Dete of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Infank	acute enters Col los	1 Och
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	11. Total time (years)		
this occupation (month and year)  12. BIRTHPLACE (city or town)	spent in this factor	Other Contributory Causes of Importance:	
(State or country)  13. NAME couph	Gerling Hollan	4	
14. BIRTHPLACE (city or town) More (State or country)	yland	Name of operation Date of What test confirmed diagnosis? The flore of Was there a	n autopsy? /2
15. MAIDEN NAME Emma	Wiola Tindell	23. If death was due to external causes (VIOLENCE) fill in also the follow	ring:
16. BIRTHPLACE (city or town) (State or country)	internal	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Joseph Fe (Address) Decido	Sline Holland	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	Stale) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Davidsonie	Please Oct 18, 19.31	Manner of injury	
19. UNDERTAKER Jag. J. Co	eter med.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	no
20. FILED DC 19 34.	Darrie J. Suit	(Signed) Mesh mes Hays	Q./M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCEPATION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

1. PLACE OF DEA	TATE O	F MARY	/LAND—	CERTIFIC	CATE (	OF DEAT	ГН <sub>11</sub>	634
	e Arunde	1			-(13)	Pagistration D	int No.	-
Village or City			(df	ND. 179	Green hospital or instituti		St.,	2nd Ward
Length of residence in o	city or town where de	eath occurred						
2. FULL NAME	Susan E	lla Hol	land					
(a) Residence No.		reen St (Usual place o	f abode)	st, 2nd			ve city or town and	d State
PERSONAL AN						RTIFICATE	OF DEATH	
Female W	hite	5. SINGLE, MARR OR DIVORCED Sing	(write the word)	21. DATE OF	DEATH DEATH	(Month)	(Day)	, 193 (Year)
5a. ff married, widowed, or div HUSBAND of (or) WIFE of	orced			22. A 15	0.0	CERTIFY		deceased from
6. DATE OF BIRTH (month, da	v. and year) NC	v. 3rd.	1847	i last saw h		d. 10 4		; death is said
7. AGE Years	Months	Days	If LESS than	to have occurred o			<b>9</b> :.m.	
84	1	20	ornin.	The PRINCIPAL (	CAUSE OF DEATH	and related causes	of importance	Date of onset
8. Trade, profession, or p kind of work done SAWYER, BOOKKE	. as SPINNER.	None.		Cotta	20 -			
9. Industry or business i	n which SILK MILL,			Cr.	Dut	vsh	hel	
SAW MILL, BANK,  10. Date deceased last we this occupation (my year)	orked at		ne (years) t in this pation	lu	fhr	ker		yes
12. BIRTHPLACE (city or town (State or country)	Annap	olis, M	d.	Other Contributor	Causes of impor	tancei	ree,	Han
# 13. NAME Henr	y Hollan	d						413
13. NAME Henr  14. BIRTHPLACE (city or t (State or country)	own) Unkno	wn		-				autoney?
15. MAIDEN NAME	Unknown					ses (VIOL ENCE) fill		
15. MAIDEN NAME  16. BIRTHPLACE (city or t  (State or country)				- 4	or homicide?	D:	ate of injury	, 19
A. IN URINA	Holland na polis.			Specify whether is	mjury occurred in	(Specify city or to INDUSTRY, In HDM	own, county and Sta E, or in PUBLIC P	ste) LACE,
18. BURIAL, CREMATION, DR Place St. A			16th, 31	Manner of injury .  Nature of injury .				
	n M. Tay napolis.	lor Md.		24. Was disease or	r injury in any wa	y related to occupat	ion of deceased?	
a . 1 -	193/ \$	74 C. 8	Registrar.	(Signed)(Addr	ress	hun as	o das	M.D.
	If more h	lanks are needed as	Idress State Registrar	2417 N Charles Stre	est Baltimore Rea	NA 2 IP parlane		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921 July 5,1927	Run over by street car Peritonitis	1 week ago 3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE	OF	MARYL	AND-	<b>CERTIFI</b>	CATE	OF	DEATH
-------	----	-------	------	----------------	------	----	-------

1. PLACE OF DEATH		<u>(2):a)</u> 11635
County A. A. County	7	Registration Dist. No.
Village or City Annapolis	3	No. 75 Prince George St., 1st Ward
•	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
		sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bertha L	·	7.4
(a) Residence: No. 75 Prince	(Usual place of abode)	St., 1St Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCT
female   white	married	(Month) (Day) (Yaar)
5a. tf marded, widowed, or divorced HUSBANO of (or) WtFE of Richard B. ]	Holliday	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Au	gust 21, 1859.	t last saw her alive on Oct 6 1931; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 97. m.
72	15 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular		were as follows: Date of ogfet he marrhing Date of ogfet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None	
SAWYER, BOOKKEEPER, etc		
10. Data deceased last worked at this occupation (month and	11. Total time (years) spent in this	
yaar)	occupation	Other Coutriphtory Causes of importance:
12. BIRTHPLACE (city or town) Calif	ornia	Chranic Agperlensian (
(State or country)		(astoblas) Mikna
13. NAME Arthur Growns		
14. BIRTHPLACE (city or town) Geri	nany	Name of operation Date of Date of What test confirmed diagnosis? Clause A Was there an autopsy? N.O.
15. MAIOEN NAME Agnes Jo:	ries	23. If death was due to externat causes (VtOL ENCE) filt in also the following:
15. MAIOEN NAME Agnes Jo	any	Accident, suicide, or homicide? Date of injury, 19
(State or country)		Where did injury occur?
17. INFORMANT Richard B. He (Address) Annapolis.		(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place, Annapolis	Oate Oct. 9th, 31	Natura of injury
19. UNDERTAKER John M. Tay (Address) Annapolis.	lor Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED OCT 9 , 193 / 4 >>	y G C. Fra n. Registrar.	(Signad) J. Willia Marlino M. D.
If move h	lanks are needed address State Revistrar	(Nulless) - A Challe Charles Bullians Branches W C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of do of importance were as for	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MOV 6 1931	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephriti	3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BEIRDAY V.	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH
County County County County

3

## STATE OF MARYLAND CERTIFICATE OF DEATH

day	Registration Dist. No. 27
Village or City Margarsto (No. 2FULL NAME Still beigh	St.: Ward)  St.: Ward)  Melaud  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR BIVORCED (Wite the word)	16 DATE OF DEATH OF 2 , 193 (Month) (Day) (Year)
6 DATE OF BIRTH OCHOW 7, 1931 (Month) (Day) (Year)	that I last saw has alive on 192,
7 AGE   If LESS than   I day hrs.   or min.}	and that death occurred on the date stated above, at
(State or country) was allowy	(Duration) yre mos ds.  Contributory (Duration) yre reos ds.  (Signed) (Address 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Address) Magant M	Former or usual residence.  19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  Proad need seneles 10:77, 193/
Filed Oct 2 2 1923/ fray L C. fragistrar	Bund Cleans N. Margant  16 W. Saratora St., Balto,, Regulating V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

laborer, business, that fact may be indicated thus; Farmer (to tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from [] should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Julness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken work, or At Home, and ehildren, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. (b) Grocery,man, (b) Automobile factory. The materia. without more precise specification as Day Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Exhaustion," "Heart mure,
"Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Sanile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; or intercurrent) affection need and or intercurrent affection need and or or intercurrent Example: Measles (disease Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanantly fied.

V. S. No. 1

N. B.

PLACE OF DEATH  County Enwe Cluudel.	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Waterbay Mo (No. ) 2FULL NAME Joseph Johnson	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Cloved Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH C \$29, 1936
6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) (Y
7 AGE  15 yrs. 4 mos. 12 ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or county)	Het by automobile, which caused his death.  (Duration) yes mos ds  Contributory Concelled However Secondary  (Duration) yes mos ds
10 NAME OF FATHER ONLY JOHNSON  11 BIRTHPLACE OF FATHER (State or Country) PIEDERS INT. CIC. MIN  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) Jatrebury CIC. MIN  13 BIRTHPLACE OF MOTHER (State or Country) Jatrebury CIC. MIN  15 State or Country) Jatrebury CIC. MIN  16 MOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTHER OTHER OTHER OTHER OTHER OTH OTHER OTHE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(State or Country) Callefreiry C.C. M. M. 14 THE ABOVE IS TRUE TO THE BEST OF M. KNOWLEDGE  (Informant) Ober Schuelous  (Address) State Sury C.C. M.	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Melbussian ACC, Med Company, 193  20 UNDERTAKER  ADDRESS

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, cspecially in industrial employments, it is neces-Physicin, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive-a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Whooping tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is loss definite; avoid cough; Chronic etc. The contributory valvular heart

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BINDING

FOR

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-	ACE	OL	DEF	1111

County Anne Arundel



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		LL NAME			ouse of Correction	a hospital or institution, give its NAME in stead of street and number.)
	PERSON	NAL AND STATIST	CAL PARTICU	LARS	MEDICAL CERTIF	ICATE OF DEATH
3 s Me	ex ale	Colored	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			onth) 3 (Day) /9 5/ (Year)
6 D	ATE OF BIR	October (Month)	3 (Day)	, 1931 (Year)	17 I HEREBY CERTIFY, T	That I attended the deceased from to 64 4 3 , 192
7 A		yrs.		If LESS than I day hrs.	and that death occurred on the de The CAUSE OF DEATH * was as f	
w		F			(Signed) Le Rey M	ntion) yrs de M. D
NTS	Leroy Jones				192 (Address)	7
PARE	ш				Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (Folients or Recent Residents)	
1	OF MOTH	Country) Maryle	and	DGF	At place of death	In the State yrs mos ds
	(Informant)	rdetud to	use of Co	ection	Former or usual residence	
15	Filed Cc	14 193 10	lang M. M.	ceslub	20 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, er," etc., without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed Foreman, (b) For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease etc. The affection need not be Always qualify all contributory

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"H UNFADING INK--THIS Every item of CIANS should statement of

BINDING

MARGIN RESERVED FOR

S. No. 1

PLACE OF DEATH County ann arunde

(No. Mid. House of Correction St.

STATE OF MARYLAND CERTIFICATE OF DEATH

Dist. No.

CLI		10/11
	Reg	istration

d)	(if death	occurred or insti	
	tion, give i		
	number.)	street a	110

2FULL NAME Peter Krawizy	tion, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Wisower OR DIVORCED (Write the word)	16 DATE OF DEATH OCTOTE 13 , 193/
6 DATE OF BIRTH  MMNUM 18 87  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I Then the deceased from Oct 12 192 1. to 192 that I last saw hamalive on Oct 17 192
7 AGE    If LESS than   I day hrs.   ds.   or min.?	
a) CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  B BIRTHPLACE (State or country)  Poland	Contributory Secondary  (Durstion)  yrs
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) ESMA A CAUTE OF THE STATE OF THE ST
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place O yrs 3 mos. / 8 ds.  Where was disease contracted,
(Addrese) James (Addrese) Jame	if not at place of death?  Former or usual residence 11.5 S. Collington and Bultums  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS
15 En 1(Oal B 103/18) Vara ll Nashup	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as ChronicExample: Measles (disease etc. The contributory valvular heart disease; not be

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMAN IS A FOR WITH UNFADING INK--THIS MARGIN RESERVED NLY, WRITE PI

S. No.

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8 ż

PLACE OF DEATH  County C. Q.  Village or City Brothly Park No. 25	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.5  7-4 th are St.: Ward (If death occurred in a hospital or institution, give its NAME instead of street and of street a
2FULL NAME & Selus	Lennon number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Undebruied 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCEDELL (Write the world)	Still from (Month) (Day) (Year)
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  7 AGE  (If LESS than I day hrs. or min.?  8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) 70 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	thet I lest set to allow on the date stated above, at mathematical and the death occurred on the date stated above, at mathematical and the the death occurred on the date stated above, at mathematical and the the death occurred on the date stated above, at mathematical and the the death occurred on the date stated above, at mathematical and the the death of the date stated above, at mathematical and the the date sta
12 MAIDEN NAME OF MOTHER RYDA LEE Butler  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant Permis & Servou  (Address) 707 4 Th Ove  15 Filed Oct 5 1931 Ida M. Whiten	Accidencial, Suicidal of Homicidal.  18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS
Kegistrer	

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory ," "Convulsions,

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N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMANE WRITE PL

V. S. No. 1

County AMA Mundel	STATE OF MARYLAND CERTIFICATE OF DEATH
No.	Registration Dist. No. 2
Village or City Hamman (No. / Nall	Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH / G Dex , 192 /
6 DATE OF BIRTH  19 Dex 193 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE   If LESS than	
Alleyrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	that for
(b) General nature of industry	y full for the same
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary  (Diration)  yrs, mos. ds.  Contributory Secondary  (Diration)  yrs, mos. ds.  M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Unity and 12) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Clow Att Militers  (Address) All Man Militers	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  19 Old, 19
Filed GOLX 192)   Delhall Le Registrat	20 UN BERTAKER  COLONORTH MATTHEW NAME AND
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many 6 Grocery;

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.;  $\mu$ . chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condistated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, ChronicExample: Measles (disease etc. The contributory affection need not be valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA.

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY,

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V. S. No. 1

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state ARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS

STATE OF MADVI AND CEDTIFICATE OF DEATH

Z. PLACE OF DEATH		LERTIFICATE OF DEATH	2	
County Anne Arundel		Registration Dist. No.		
Village or City Annapolis, Ma.  Length of residen in city or town where death occurre	(If	No. 87 Conduit Street St., 2nd death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U.S. if of foreign birth?	Ward	
2. FULL NAME Sophie C. Me:	inhold			
(a) Residence: No. 87 Conduit		St., 2ndward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH		
OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH OCT.  (Month)  (Day)	(Year)	
5a. If married, widowed, or divorced HUSBAND of (or) Wife of Frank H. Meinhol	i	22. IHEREBY CERTIFY. That Lattended deceased from 1931 to 28 1931		
6. DATE OF BIRTH (month, day, and year) May 10,	1879	Hast saw her alive on Oct. 28, 1931; de	ath is said	
7. AGE Years Months Day:	If LESS than	to have occurred on the date stated above, at		
8 Trade profession or particular	- 101	Careins and Da	te of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and		Jamereas M	weng	
10. Date deceased last worked at this occupation (month and year)	otal time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Annapolis, (State or country)	Maryland.	Other Contributory Causes of importance:	man	
	e			
13. NAME Matthew Hanmerl  14. BIRTHPLACE (city or town) Germany (State or country)		Name of operation Mane What test confirmed diagnosis? Chancel Was there an autop	L	
E 15. MAIDEN NAME Augusta Vitt		23. If death was due to external causes (VIOL ENCE) fill in also the following:	391	
15. MAIDEN NAME Augusta Vitt  16. BIRTHPLACE (city or town) France (State or country)		Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19	
17. INFORMANT Robert Meinhold (Address) Annapolis, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff Date O	ct. 30th, 31	Manner of injury		
19. UNDERTAKER John M. Taylor (Address) Annapolis, Mar	yland.	24. Was disease or injury in any way related to occupation of deceased?	0	
20. FILED 0 30, 1931 fray 6 C.	Jan Tuck	(Signed) FNUMS Masters	M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

(If death occurred in

deaths from

DATE OF BURIAL

PLACE OF DEATH

ERVE

ARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Former (re-Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer." "Foreman," "Manager." "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enlaborer. worked on may form part of the second statement. " etc., without more precise specification as Day especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Form laborer. Laborer-Coal mine, etc. Wom-

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stem of inforproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINEY,

STATE OF MARYLAND—CERTIFICAT	E OF	DEATH
------------------------------	------	-------

1. PLACE OF DEATH				<u>—————————————————————————————————————</u>	11644
	A ne ir inde				on Dist. No.
Village or Cit	y Grounst	ille St		1 teNo.  death occurred in a hospital or institution, give its NA	St., Ward
Length of reside	ence in city or town where	death occurred	yrs5mos	ds. How long in U.S. if of foreign birth?	IVIE Instead of street and number)
2. FULL NAM		orge 4.0			
(a) Residence	e: No	uitland (Usual place	of abode)	co.scountjWard.Maryland	ent give city or town and State
PERSONA	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICAT	TE OF DEATH
male	4. COLOR OR RACE black	OR DIVORCE	RIED, WIDOWED, D (write the word) Pried	21. DATE OF DEATH October 5th (Month)	(Oay) , 193 ] (Year)
5a. If married, widowed HUSBANO of —(or)—WHFE-of	d, or divorced Matilda 1,	orris			FY. That I attended deceased from
6. DATE OF BIRTH (m	nonth, day, and year)	1861		I last saw him alive on UCL . St	
7. AGE Years	Months	Days Enov. n	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	auses of importance
9. Industry or bu work was o SAW MILL, 10. Oate deceased	rk done, as SPINNER, BOOKKEEPER, etc usiness in which done, as SILK MILL, , BANK, etc			General Arterioscle	Prosis Date of onset
year) 12. BIRTHPLACE (city (State or counter	or town) Mary		upation	Other Contributory Causes of importance: Senility	?
13. NAME	Jeorge Morr	is. dea	d		
13. NAME George Morris, dead  14. BIRTHPLACE (city or town) Maryland (State or country)				Name of operation	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. Maria (Unknown) desd  Maryland				23. If death was due to external causes (VIOLENCE) Accident, suicide, or homicide?	) fill in also the following:  Date of injury, 19, or town, county and State)
(Address)  18. BURIAL, CREMATIC  Place		Oate Oc	7,193/	Manner of injury	
19. UNOERTAKER (Address)	Come	Hicks pro	hind.	24. Was disease or injury in any way related to occur if so specify (Signed)	paron of deceases.  M. L. L. L. M. D.
		/	Registrar.	(Address) POLISVII	Le, mergland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. \_State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 101	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

classified.

certificate. properly

of

See instructions on back

it may

CAUSE OF DEATH in plain terms, so that

N. B.—WRITE PLAIN

V. S. No. 1

TION is very important.

19. UNOERTAKER John Ullrich

20. FILEO OCt. 13 .. 19 3 I

2008 Orleans

(Address)

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RESERVED FOR BINDING	INK-THIS
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1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	645
١,	County Anne Arundel	Registration Dist. No. 2 I	
	William on Oile D. O. Dogodomo	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
2	FULL NAME Frederic Gottlob Nollenb (a) Residence: No. Pasadena (Usual place of abode)	St., Ward.  If nonresident give city or town and	I Siete
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
_	oR DIVORCED (write the word) widowed	21. DATE OF DEATH October 13 (Month) (Oay)	, 193T (Year)
5a. If married, widowed, or divorced HUSBANO of CODE WIFE of Augusta Nollenberger  6. DATE OF BIRTH (month, day, and year)  7. AGE 7 Gears Months 18 If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER and scape gardener  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this programment and the property of the programment and the programme		22. I HEREBY CERTIFY. That I attended deceased from October 2 , 19 3I, to October I3 19 3I I last saw h. 1m alive on October I3 , 19 3I; death is said to have occurred on the date stated above, at 2 p.m  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
		Arteriosclerosis & Chronic myocarditis	oate of onset
12.	Date deceased last worked at this occupation (month and year) 11. Total time (years) spont in this spont in this year) 12 1931 occupation 1 ife  BIRTHPLACE (city or town) Germany	Other Contributory Causes of importance:Cerebral-haemorrage	Oct.2
ER	13. NAME Christopher Nollenberger		
FATHER	14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an	
15. MAIOEN NAME Elizabeth Brose 16. BIRTHPLACE (city or town) Germany (State or country)		If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicida?      Where did injury occur?      (Specify city or town, county and States)	g: , 19
	INFORMANT Frederic Nollenberger  (Address) 1613 Darley avenue BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Place Baltimore cemetona October . 116=3 Insture of Injury.

Manner of Injury

(Signed)

(Address) P. P. Pasadena, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of spilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by weet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 2	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocuteritis	1 year
		100	
		(3)	

Exact

PLACE OF DEATH	STATE OF MARY
County Anna Areadol	CERTIFICATE OF I
0	Registration Dist. No.
Village or City Talesculle (No	St.: Ward) (If dee a hosp tion, gi stead numbe
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
Male Color OR RACE SSINGLE, MARDISD, WIDGE, WIDGE, WIDGE, WIDGE, (Write the word)	16 DATE OF DEATH SEL 25 (Month) (Day)
March 4, 1930 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the brown fel 27 192/ to 00/ 27 that I last saw home alive on 00/ 27
yrsdsds. ormin.	and that death occurred on the date stated above, at
OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Seaford Delaware  10 NAME OF FATHER Annes & Maile  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF Many Low Pampelle  12 MAIDEN NAME OF MOTHER Many Low Pampelle	(Duration)  Contributory Secondary  (Duration)  (Duration)  (Signed  (Signed  (Duration)  (Duration)  (Signed  (Signed  (Duration)  (Signed  (Signed  (Duration)  (Signed  (Signed  (Duration)  (Signed  (Signed  (Signed  (Address)  (Duration)  (Duration)  (Signed  (Signed  (Signed  (Address)  (Address)  (Buration)  (Signed  (Signed  (Address)  (Address)  (Address)  (Signed  (Address)  (Address)  (Address)  (Signed  (Address)  (Addr
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place of deathyrsmosds. In the Stateyrs  Where was disease contracted, if not at place of des.h?
(Informant) Macther Campbell (Address) Talesville Sol	Former or usual residence
Filed 10/28 1931 MA Clay to. Depter yegistrar	J. G. Hardesty Jale
If more blanks are needed, address State Registre	ar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME ir-stead of street and number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	28 193/
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I att	
once on fel 27 192/ to 0	£27 , 193/
that I last saw home alive on oet	
and that death occurred on the date stated	
The CAUSE OF DEATH * was as follows:	
Jan Inteste	nel
Tovernia	
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	**************************************
	yrsda
Contributory Cutton	2 A-000 A00
(Duration)	
(Signed Meaclan Cogu	
201-28 195/ (Address) Wes	- Ron Mid
*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Tran
ients or Recent Residents)	
At place In the of deathyrsmosds.	teyrsmosd
Where was disease contracted, if not at place of des.h?	
Former or ususl residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Deasord Nel	10/28, 1931
20 UNDERTIKER	ADDRESS
T /2 A/	1 /1 ///

V. S. No. 1

I.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business; that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEAR EAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cetebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar queumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5

stated EXACTLY. PHYSICIANS should state item of infor-Exact statement of OCCDPA N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County anne arundel	Registration Dist. No.
Village or City Lucy's Landing	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Overs	
(a) Residence: No. I Living Lunding	St., Ward.
(Uspel place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINCLE, MARRIED, WIDOWED, OR-DIVORGED (write the word)	21. DATE OF DEATH  Cletole 2 193 / (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.     HEREBY CERTIFY, That   attended deceased from
(or) WIFE of maggie heade lowers-	September 28, 1931, 10 Cect 2, 1931
6. DATE OF BIRTH (month, day, and year)	1 last saw h in alive on October 1 , 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
6 1 ?   1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, hell digger SAWYER, BOOKKEPER, etc.	Coronay Unombous
kind of work done, as SPINNER, bell dug ger  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	mystaidily
9. Industry or business in which work was done, as SILK MILL, SAW MtLL, BANK, etc.	V
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
A A lough	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	artenoselyous
₩ 13. NAME	)
13. NAME  14. BtrTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME may Owers -  16. BIRTHPLACE (city or town) Q. Q. County -  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) a. a. Courty -	Accident, suicide, or homicide? Date of Injury
-1 (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT dinges meade	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Pracy Sanding and	Manner of injury
Place Date Date	Nature of injury
19. UNDERTAKER 1966 Per Word	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Triendskip Md.	(Signed) E mely C Hammer M. D.
20. FILED 20, 190 / Clay for Registrar.	(Address) Lalliean, high.
The many blanks are mended address State Projets as	N. Charles Street Belginson Poursetine 71 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importanco:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD LY, WITH UNFADING INK--THIS IS A PERMANE BINDING MARGIN RESERVED FOR WRITE PLA V. S. No. 1

*1		11020
	PLACE OF DEATH	STATE OF MARYLAND
/ C	ounty Anne will	CERTIFICATE OF DEATH
1	$\mathcal{L}_{i}$ $\Omega$ . $\alpha$	Registration Dist. No. 25
Villa	ge or City latapaco Touch (2)	Ward) (If death occurred in a hospital or institution, give its NAME in
	2FULL NAME Turkelle	Talmut stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ALL COLOR OR RACE SINGLE, MARRIED, WIDOWELL OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Jul 7 , 1931	79 Dep 1925 1. to 7 (16 192) /,
	(Month) (Day) (Year)	that I last saw h alive on 1923.
7 AG		and that death occurred on the date stated above, at
	yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 00	CUPATION	
(a)	Trade, profession or rticular kind of work	
(b)	General nature of industry	
	siness, or establishment inich employed or (employer)	(Duration)yrsmosds.
9 BII	RTHPLACE A	Contributory Secondary
1. *	State or coultry)	A. ((Derstoo)
	TO NAME OF FATHER	(Signed) Clovel Woodnuff M.D.
S	11 BIRTHPLACE	7 (Address) knthlellm Agris
Z	estate gray remail o/No	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF NOTHER THAT SUR	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER  OF MOTHER  (State of Country)  (State of Country)	At place of death yrs mos. ds. State yrs mos ds.
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	Q -11 Pales 11	Former or usual residence
	(Address) Production MI	19 PLACE OF BURIAL OR REMOVAD DATE OF BURIAL
-	CO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO NORTAKER ADDRESS
15	Filed 192 All Washington Registrate	Louis Carbis ba us.
	16 Lumba are moded address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmor (re-tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in donicstic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) At Home, and children, without more precise specification as Day (b) Automobile factory. The material -Coal minc, etc. not gainfully em-Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, ictains) may be stated under the head of "contributory." American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, " "Shock," "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease Whooping cough; Chronic valuular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was undertions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mon-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature affection need not be

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N. B.-

	PLACE OF DEATH		STATE OF M	MARYLAND
	County a.a. Co	97)	CERTIFICATE	
Vil	llage or City annabels (No. Md Fr 2FULL NAME Fred Parker	auklin	Registration D	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE O	F DEATH
3 5	Black SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	toher of	, 19 <b>3</b> /(Day) (Year)
6 1	(Month) (Day) (Year)		Y CERTIFY, That I atte	nded the deceased from
7 /	If LESS than I day hrs.		arred on the date stated a	above, atAm,
2. (	mosds. ormin.?  DOCCUPATION  a) Trade, profession or Jarma labels  particular kind of work	Defore	<u>uuu</u>	
() b	b) General nature of industry business, or establishment in which employed or (employer)	unku	(Dyration)	yrsds,
9 5	(State or country) Gustal Ma	Contributory Secondary	(Durstion)	.yrsds.
	10 NAME OF FATHER James Parkle	(Signed) (Si	M(Address) Hum	apolis yus
ENTS	OF FATHER (State or country) Unge Grundel Co. MS	*State the I Violent Causes, a	Disease Causing Death, state (1) Means of Injustrate or Homicidal.	or, in deaths from ury and (2) Whether
PAR	12 MAIDEN NAME OF MOTHER  USE		ESIDENCE (For Hospita	
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	mos. ds. In the State.	yrsmosde.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de	arps	
	(Informant) W. C. Stelle	Former or usual residence	L OR REMOVAL	DATE OF BURIAL
15	Filed & 1923/ Fry L C. Fry Gregistrar	20 UNDERTAKER	W.O. Well	DDRESS Yrunship
	If were boule are worded added a State Perintum	16 W. Saratoga St.,	Balto., Requesting V. S.	110.1. ////\

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a fulness of various pursuits can be known. The quesworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., sary to know (a) the kind of work and also (b) the state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed (6) Grocery;

Streement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

Ctetarius) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Паетоггhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJULY valvular heart disease; etc. The contributory

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MARGIN RESERVED FOR BINDING

V. S. No. 1

1	PLACE OF DEATH	STATE OF MARYLAND
4	County A & Comity	CERTIFICATE OF DEATH
	// -	Registration Dist. No.
	Village or City Danver (No	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Jugle OF DIVORCED (Write the word)	16 DATE OF DEATH October 2, 198/ (Month) (Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	17 LHEREBY CERTIFY, That I attended the deceased from September 12, 193/. to Schole 2, 193/. that I last saw him alive on Oct / 195/.
	7 AGE  Grant	
1 4 6	a) Trade, profession or particular kind of work Chool Day business, or establishment in which employed or (employer)	Cigles, Real Consultantino
2	9 BIRTHPLACE (State or country) Howard, Md.  10 NAME OF John Hours Paster	Contributory Secondary (Duration) yre mos de (Signed) M. D.
	II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  D  PA  PA  PA  PA  PA  PA  PA  PA  PA	*State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER CHANGE PRINTERS  13 BIRTHPLACE OF MOTHER Anne Anno 12 8 (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
	(Informant) Tank Law to the BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
	(Address) Hand Ind	Alamo Charl HHB, MA Det HT, 193/
	Filed 192 ( ( ( ( ) ) )	11) Thuron Annapolis Ana
	If more branks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

/	1PLACE	OF DE	АТН						-
,	County An	na Ar	unde	1					
Vil	lage or City	Jes	ssup		(	No. I	ſar	ylan	d
,	2FUI	LL NAMI	Ε	J	ohn	Po	gue	*************	•••••
	PERSON	IAL AND	STA	ristic	CAL F	ARTI	CUL	ARS	
	BEX	4 COLO		ACE	WIDO	RIED,		rrie	d
M	ale	Whi	Lte		OR D	IVORO	ord)		
8 0	DATE OF BIR	тн							
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7 A	(GE	47	778	TY.	101			If LESS	hr
P (I b	a) Trade, pro atticular kind b) General na usiness, or ea which employe	ature of i	industry		fa	arme	r		*****
9 6	STRTHPLACE (State or cou	intry)	Unk	now	n				
	10 NAME O			11					
ARENTS	OF FATH (State or	ER country)		11					
PAR	12 MAIDEN OF MOTH			11					
		ER Country)		11					
4	(Informant)	4	Eur	1	Ma	KNO	,	GE	
	- 100	ess) Md	. Ho						n,
5	Filed Oca	129	193.	Cole	Jes.	sup;	6	Md . Registra	f

47754		
1001	STATE OF	MARYLAND .
	CERTIFICATI	F OF DEATH

of Correction Ward)

(108)

House

Registration Dist. No.

House of Correction	Ward) (If death occurred in a hospital or institu- tion, give Its NAME in- stead of street and number.)
	number.)
MEDICAL CERTIFIC	ATE OF DEATH
16 DATE OF DEATH	3003
	1931 , 192
October (Month	t I attended the deceased from
October 20, 1321 to	
that I last saw h im alive on Oct	ober 27, 1931,92
and that death occurred on the date	
The CAUSE OF DEATH * was as follo	
Lobar Pneumonia	***************************************
# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00000000000000000000000000000000000000
***************************************	
(Duration	yıs
Contributory	
	)de,
(Signed) J. Loryal	
	esswp, Md.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
18 LENGTH' OF RESIDENCE (For	Hospitals, Institutions, Trans-
At place of deathyrsmos. 66 ds.	In the State yrs mos ds.
Where was disease contracted, if not at place of death?	Iley
Former or usual residence Mt. Savage,	Md.
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER PL Marchael	Lessel This

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Jever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

(Address)

20. FILED

state item of infor-Exact statement of OCCUPA-PHYSICIANS should Every IS A PERMANENT RECORD mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WITH UNFADING INK-THIS TION is very important. -WRITE PLAINLY, N. B.

1. PLACE OF DEATH  County Anne Arund	el	CERTIFICATE OF DEATH 11652  Registration Dist. No.	
Length of residence In city or town where dea	ath occurredyrs,lmos	death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)	
2. FULL NAME Samue		2 2	
(a) Residence: No. Somer	set County, Mar (Usual place of abode)	J LSt.n.g. Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  married	21. DATE OF DEATH October 1st, (Oay) (Year)	
5a. If married, widowed, or divorced HUSBAND of for) WIFE of Bertha	Purnell	22.   HEREBY CERTIFY, That I attended deceased fro August 9th 131 to October 1 19 31	
7. AGE Years Months	0 Oays If LESS than I day, hrs. or min.	I last saw h in alive on October 1 , 19 31; death is sa to have occurred on the date stated above, at 4 h m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	Exhaustion due to scute psychosis 7 we	
TO. Date deceased last worked at this occupation (month and year)	II. Total time (years) spent in this conupation		
12. BIRTHPLACE (city or town)	land	Other Contributory Causes of Importance:  Dementia Praecox	
I I I I I I I I I I I I I I I I I I I	n		
13. NAME UNKNOW!  14. BIRTHPLACE (city or town) Unknow!  (Stata or country)	nown	Name of operation Unknown Oate of What test confirmed diagnosis? Was there an autopsy?	
IS. MAIOEN NAME Unknown		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	0₩n	Accident, suicide, or homicide?	
17. INFORMANT LOSpital Record (Address) Crowns	ds Ville, Maryland	(Specify city or town, county and State) Specify whether injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OF REMOVAL Place Landsfield M	Date Ost 1-,1931	Manner of injury	
19. UNDERTAKER & LASTA	sing 1	24. Was disease or injury in any was related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specif

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation—was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. \_ State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV 6 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURKAU V.S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH Registration Dist. No. eapolis (No. Comergency Horpt se. PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, WIDOWED t may OR DIVORCED (Write the word) 6 DATE OF BIRTH that Month) (Day) (Year) 0 7 AGE if LESS than supplied I day .... hrs. ter (a) Trade, profession or particular kind of work. pla (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory. 9 BIRTHPLACE (State or country) 4 ery M 10 NAME OF FATHER 0 ENTS TE CAUSE 11 BIRTHPLACE OF FATHER (State or country) AR 12 MAIDEN NAME state D. ients, er Recent Residents) 13 BIRTHPLACE At place OF MOTHER 00 (State or country) houle 10 Where was disease contracted, KNOTLEDGE if not at place of death?..... Former or usual residence. CIANS

STATE OF MARYLAND CERTIFICATE OF DEATH

ion, give Its NAME Instead of street and Lumber.)

attended the deceased from and that death occurred on the date stated above, at T. (Duration) ..... \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

if more blanks are needed, address State Registrar. W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruent, Good ployed, as At "chool or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. worked on may form par' of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs.). business, that flet may be indicated thus: Farmer or given up an account of the piscass causing marina Housemaid, etc. If the occupation has been changed to report specifically the occupations of person work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. should be used only when needed. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The queswhatever, write None. Statement of Occupation - Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation As examples: (a) The material en-0.0

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic extebro spinal meungitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

blure Expoisoned by carbotic acid—prob by suicide. head apout, Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver would of head-homicide; as probably such, if impossible to determine definitely. and qualify as Acoidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerreral septicaemia." "Puerr hal peritonitis," diseases resulting from child ith or miscarriage as can be ascortained as the cau-c. "Uraemia," "Weekness." etc., when a definite discase rhage," "Inanition." "Margemus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Learn failure," "Haemorsymptomatic), "Atrophy," (Collapse) ary), 10 ds. Never report more symmtoms or conditions, such as "Asthenia," "Annemia" eausing death), 29 ds.; Brone opneumonia inqualified, is indefinite); Tubercilosis of lungs, men-Examples: taken. For VIOLENT DEATHS state MEANS OF INJURY vulsions." stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, etc. use of "Tumor" for malignant neophisms); myes, perilonaeum, etc. Whooping cough; of the injury, as fracture of skull, and conseof "contributory." (R commendations on stateof cause of death approved by Committee on ... (name origin; "Cancer" is less definite; avoid "Debility" ("Congeniral," "Senile," etc.), Accidental drowning; Struck by railway Chronic valuation heart Corci ona. Sarcoma, etc., of Example: Measles Always qualify all The contributory "Соша, The naterminal discase; (disease (second-"Con-

If this certificate is to had over the reachly and all questions answered in death, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently fluid.

6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every Hem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Q = Q —	Registration Dist. No. 27
Village or City Parols Mid.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Combell Kandal	
(a) Residence: No. — Paroly Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF BEATHY (Month) 2.0 (Q (Day) (Yaar)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  10. 20. 19.3/to 1.0. 20. 19.3/
6. DATE OF BIRTH (month, day, and year) Try . 18 /929.	I last saw h a alive on 10-20 ,193 /; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 F.m.
2 - 48 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and	Bronchokulisumen 10-19.3
SAW MILL, BANK, etc	
O 10. Data daceased last worked at this occupation (month and year)	
Parels acces	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Whook with 3.1
13. NAME Sumerfield Randall.	The state of the s
13. NAME Jung field Randall.  14. BIRTHPLACE (city or town) Citar Caffolis	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME All Jane.  16. BIRTHPLACE (city or town) Assistant of the Country (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) assistant	Accident, sulcide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Sumierfield Manda!  (Address) PO Parole und	Specify whether injury occurred In INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CENTRAL OCT 23. 10. 81	Manner of injury
Place Bir Ewishill (End Date Oct 23., 1981	Nature of injury
19. UNDERTAKER & H & Parker = (Address) 49 Washington CF	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 23, 1931 & 20 C. & Tel Registrar.	(Signed) (Address) S Callett Certification
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  Lexample I  The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND anne armade CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number.) stated proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Manue OR DIVORCED (Write the word) may (Month) (Day) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH \* was as follows: terms SERVE 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in \_ (Duration) which employed or (employer) IH Contributory 9 BIRTHPLACE Secondary (State or country) OG 10 NAME OF shoul OF FATHER ENT Causing Death. deaths from or, in (State or country) Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. and 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER occo of death. .yrs......ds. (State or Country) Where was disease contracted, item of if not at place of death?. Every item CIANS sho statement Former or BURIAL OR REMOVAL (Addreas) 20 UNDER ADDRESS If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day loborer, Form laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) Spinner, additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken · Foreman, For many occupations a single word or term on 07 yrs). (b) Cotton mill; (a) Salesman. (b) man, (b) Automobilc foctory. The At Home, and children, For persons who have no occupation foctory. The material not gainfully em-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonio ("Pneumonia");

"Inanition," "Marasmus, Ulu Age, "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart ranue," "Old Age," "Shock," "Inanition." "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by corbolic acid—probably suicide. Examples: Accidental drowning; Struck by roilway train-Whooping "Atrophy," "Collapse, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic " "Coma," "Convulsions, The nature of the injury, affection need etc. The contributory valvulor heart disease; not be

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF	MARYLAND—	CERTIFICATE OF DEATH 116	56
1. PLACE OF DEATH		(107-10)	1
County Anne Arundel		Registration Dist. No.	/
Village or City St. Margare	ets	No. Edenlawn St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death		death occurred in a hopital of manufactor, give its variety instead of street and in	
2. FULL NAME Orlando Ric	lout		
(a) Residence: No. Edenlawn,		St., Ward.	
1	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	Single, Married, Widowed, Or Divorced (write the word)  Married	21. DATE OF DEATH Oct 30 (Month) (Oay)	1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Duvall	Ridout	22. SIN HEREBY CERTIFY, That I attended to the state of t	<b>A</b>
	11 15, 1867  Oays   If LESS than 1 day, hrs. or min.	I last saw if the alive on the date stated above, at 9 m.  The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:	, 172 3
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	arme r	Brancho purumouix	300
10. Date deceased last worked at this occupation (month and year)	11. Total time (yoars) spent in this occupation		Dago
12. BIRTHPLACE (city or town) A. A. C. (State or country)	o., Maryland.	Other Contributory Causes of importance:	Asveni
13. NAME Orlando Ridou			was,
13. NAME Orlando Ridou	Co., Md.	Name of operation Oate of	
(State or country)	47	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Margaret A  16. BIRTHPLACE (city or town) A. A.  (State or country)		23. If deeth was due to external causes (VIOL ENCE) fill in also the following  Accident, suicide, or homicida? Oate of injury  Where did injury occur?	
17. INFORMANT Mrs. Ridout.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	
18. BURIAL, CREMATION, OR REMOVAL Place White Hall D	ate Nov. 1st 19 31	Manner of injury	
012. 9	r ryland.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	a M D
20. FILED 3. 1921 77 7	Registrar.	(Address) Clear of the many of S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### STATE OF MARYLAND CERTIFICATE OF DEATH

$\mathcal{M}$	Registration Dist. No. 23 -
Village or City Dury und (No.	St.: Ward) (If death occurred in
2 FULL NAME annetts Elizab	tion, give its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Mut (Write the word)	16 DATE OF DEATH Offy 11 195 1.  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h analive on orbits // 1921,
7 AGE  1 3 yrs. 3 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Forgren of Pages Leg
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yis mos & de.
9 BIRTHPLACE (State or country) au Co, Mil	Contributory Secondary  (Duration) 778
10 NAME OF FATHER her don't Shipley	(Signed) 198/ (Address) He Burn. Mg
OF FATHER (State or country) a a a mad	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susama Rolls	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) A & A M	At place of death yrs mos ds. In the State yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) ma Shipley	Former or usual residence
(Address) To ximu aus mil	Francishy/Cen Och 13, 193/
Filed Oct 70 11 1920 Jung Hay	29 UNDERTAKER Son Mothau
If more blanks are needed, addre. s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ACE should be stated EXAC statement of OCCUPATION is very important. See instructions on back of certificate BINDING Every Item of Information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH In plain terms so that it may be A FOR WITH UNFADING INK-THIS RESERVED MARGIN

7. S. No. 1

N. B

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luglaborer, Farm laborer, Luborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc., If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesman, (b) Automobile factory. The material For persons who have no occupation engineer,

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronehopncumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Mcasles, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Heart failure," "Hacmorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY (secondary inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, cough; " "Weakness," etc., when a definite disease or intercurrent) Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Hacmorrhage," Chronic Example: Meusles (disease valvular heart disease, affection need not be etc. The contributory

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& Arley Len

PLACE OF DEATH

11658

### STATE OF MARYLAND

	inns Brundel.		(157-6)		OF DEATH Dist. No. 23 -
	y Elen Burne. (No.	nt School	1/2. Jr	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATISTICAL PART	riculars	MEDICAL CERTIF	ICATE O	F DEATH
Mal.	4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWEI OR DIVOR (Write the	i. Vingle	1001.01.0000111111.00000000000000000000	onth)	/o , 198/ (Day) (Year)
6 DATE OF BI	(Month) (Da	1/0/	17 I HEREBY CERTIFY, T	hat I atte	nded the deceased from
(b) General r business, or e	rofession or and of work atture of industry establishment in	[If LESS than	and that death occurred on the de The CAUSE OF DEATH * was as for	ate stated a	above, at 43 G. m.
9 BIRTHPLACE (State or co	ontry Les Beeres		Contributory Secondary	ellen	goler M. D.
OF FATH  (State of MOTH  13 BIRTHP  OF MOTH	HER GOUNTRY) Back . Mo N NAME CONNA MARIS W LACE	V ockenfugt.	*State the Disease Causing Violent Causes, state (1) Mean Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For ients or Recent Residents)  At place of deathyrs	g Death, ns of Inju  or Hospita  In the	ury and (2) Whether
(Informant	to be	OWLEDGE	Where was disease contracted, if not at place of death?	AL 16. 24.	DATE OF BURIAL
File Det	10 1931 pm		20 UNDERTAKER		2 100 Colmondon

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise speciments. Wom-laborer, Farm laborer, Loborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Doy Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cruup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart mure, "Gold Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilwoy train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Measles; discose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

ARGIN RESERVED

If most blonks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:  Example II  The principal cause of death and related cause of importance were as follows:				
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 6 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Corebral hemorrhage	SURMAN V. S	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired grow gaged in domestic service for wages, as Servant, Cook, ployed, as It school or At home. Care should be taken definite salary). Duay be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician. Compositor. Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various purguits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer or given up on account of the DISHASE CAUSING DEATH, Housemeid, etc. If the occupation has been changed to report specifically the occupations of person work, or At Home, and children, not gainfully em? household only (not paid Housekeepers who recure a (a) Foreman. (b) Automobile factory. Civil engineer, Stationary firemen, etc. whatever, write None. Statement of Occupation Precise statement of oc-For nany occupations a single word or term on As examples: (a) But in many The material JV om: E CIL

EASE CALESCA DENTH (the primary affection with respect to time and equation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avail use of "Croup"): Typhoid force (never report "Typhoid pneumonia,")

as Cataken. Lture ofra b DExamples: Possoned by carbolic acd probably suicide. The naand qualify as ACCIDENTIAL, SUITOME, CI HOMICIDAL, State cause ary), 10 ds. Never report more grantoms or terminal conditions, such as "Asthenia," "Anaemia" (merely ment of cause of death approved by Committee on ग्रेश्व quences (e.g., sepsis, telemes) my be stated under the "Preprend septicacinia." The man peritonitis," etc. diseases resulting from childrich or miscarriage as can be ascertained as the can co "Uraemia," "Weaknes " etc. when a definite discase rhage." "Inanition" "Mar. mu. " "Old Age," "Shock," "Dropey." "Exhaustion." "Il am failure." "Haemor-Yulsions." symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congestial," "Soulle," etc.). causing death). 29 ds.; Bro chooneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ...... (name origin: "Cancer" is less definite; avoid inges. peritonatum, etc.. Care ona, Sarcona, etc.. of unqualified, is indefinite); I'mborculosis of lungs, men-(secondary or intercurrent) Whooping cough; Nonhonclature of the American Medical Association.) probably such. If impossible to determine definitely. 20 -accident; Revolves of "contributory." FOR VIOLENT DEATHS HELD MILANS OF INJURY the injury, as fracture of skull, and conse-Accid while drown in y; Struck by railway for which su what operation was under-Chronic valvular heart (R commendations on state-Example: Measles (disease ination of head-homicide; affection need not be Liverys qualify all "Coma," Mousles; discuse; (second-"Con-

If this vertificate is looked were there withly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently firm.

certificate.

TION is very important. See instructions on back of

supplied.

mation should be carefully

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of OCCUPA

FOR BINDING ARGIN RESERVED STATE OF MADVI AND—CEPTIFICATE OF DEATH

1. PLACE OF DEATH		92-2	661
County A. A. County	<i>T</i>	Registration Dist. No.	4
Village or City Annapoli	ls	No. 187 Gloucester St., f death occurred in a hospital or institution, give its NAME instead of street and	d number)
		sds. How long in U.S. if of foreign birth?yrs	mosds-
2. FULL NAME Rosalyn			
(a) Residence: No. 187 Glo	(Usual place of abode)	St., 2nd Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WILOW	21. DATE OF DEATH Och ofer 7	, 198 / (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Thomas E. S	Strange	22. I HEREBY CERTIFY. That attende	ed deceased from
6. DATE OF BIRTH (month, day, and year)		I last saw h. 32 alive on Oct 7 193	
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, atm.	
55 11	7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	None	Mu aca like reu	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		go ba ditis	afaut
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		8429
12. BIRTHPLACE (city or town) A • A • (State or country)	County, Md.	Dther Contributory Canses of Importance:	left
≝ 13. NAME Edwin V. Spr	iggs	anasaca	67-9-/-
13. NAME Edwin V. Spr. 14. BIRTHPLACE (city or town) A. A. (State or country)	. Co., Md.	Nama ef operation Date of	
	ices Hove	What test confirmed diagnosis? Was there at	
15. MAIDEN NAME Mary Fran 16. BIRTHPLACE (city or town). A. (State or country)		23. If death was due to external causes (VIOL ENCE) fill in also the following accident, suicide, or homicide?  Where did injury occur?	
17. INFORMANT R. Thornton	Strange	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC I	
18. BURIAL, CREMATION, OR REMDVAL Place Annapolis	Date Oct. 9th, 19 31	Manner of injury	
19. UNDERTAKER John M. Tay (Address) Annapolis	lor Md.	24. Was disease or injury in any way related to occupation of deceased?	<b>.</b>
20. FILED 9 1, 19.31 for	16 C. Jorger MA Registrar.	(Signed) f. Oliver fure.	m.g

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURNAU V. S.	July 5, 1927	Perilonitis	3 days ago	
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. EVER item of infor-PHYSICIANS stated EXACTLY.

Exact statement on OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

2. PLACE OF DEATH	(84)			
County Anne Amindel	Registration Dist. No.			
Village or City Crownsville State Hospi	tal No. St. Ward			
	(If death occurred in a horpital or institution, give its NAME instead of street and number) os. 2ds. How long in U.S. If of foreign birth?yrsmosds.			
2. FULL NAME John Tillman				
(a) Residence: No. 1838 Orlean St. (Usual place of abode)	St., Ward. Baltimore, Md.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH ober 25th (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, dey, and year) 1910	July 23rd 19-31 to October 25th 19-31 last saw him elive on 10/25/31 19-19 ; death is said			
7. AGE Years Months Deys If LESS then 1 day,hr	to have occurred on the date stated above, et			
8. Trade, profession, or perticular kind of work done, as SPINNER, Laborer	Exhaustion due to acute psy-			
SAWYER, BOOKKEEPER, etc	chosis of prolonged duration 7/2			
10. Date deceased last worked at this occupation (month and spant in this occupation corupation corupation				
12. BIRTHPLACE (city or town) BITTH Baltimore (State or country)	Other Contributory Causes of importance:			
# 13. NAME John Tillman				
13. NAME John Tillman  14. BIRTHPLACE (city or town) Maryland	News of secretary			
(Stale or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Zuc			
15. MAIDEN NAME Exia Tubman	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:			
15. MAIDEN NAME Exia Tubman  16. BIRTHPLACE (city or town)  (Cathor country)	Accident, suicide, or homicide? Date of injury, 19			
(State or country)	Where did injury occur?			
17. INFORMANT Hospital#s Records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Place auching country to 10/28, 1913/	Manner of injury  Nature of Injury			
19. UNDERTAKER John II. anderson (Addiese 1502 E. novement St. Ball	24. Was disease or injury in any wey lelated to occupation of deceesed?			
20. FILE & 27 , 1931 for 1 5 C. for co & Registrar.	(Signed) M. D. (Address) M. D. (Address)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Anno Arundel	Registration Dist. No.
Village or City Junthreum Geights	No. In a Scienwood st ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number).
2. FULL NAME Stattbeath	ds. How long in U.S. if of foreign birth?yrsmosds.
	1 June
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 19 Oct 1931	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	4th month
11. Total time (yeers) this occupation (month end year)	
12. BIRTHPLACE (city or town) Anthum Agh	Other Contributory Causes of Importance;
13. NAME Rolph S Harnken	
13. NAME Salah S Parnken  14. BIRTHPLACE (city or town) Paltimore ata (State or country)	Name of operation Date of
	What test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME SELFUL Surgay  16. BIRTHPLACE (city or town) Pollution of Green'ts  (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT Ralph & Darnken - (Address) Lintheum Kats	Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place TUNISURAte ,19	Nature of injury
19. UNDERTAKER fremusts	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19 Oct, 1931 Oaldvell Washington	(Signed) Alfhell Woodruft M. D.  (Address) Linthieum Hoffs As A
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
N D				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Should state

Exact statement of

stated EXACTLY. properly classified. Ex

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

N. B.-WRITE PLAINLY

Everyitem of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE (			ORIGINAL	1	-59)		110	554
County	Anne Arund	el		Registration Dist. No. 21				
	City Greenle		(1)	No.  I death occurred in a				
	AME Emma Ja ence: No. Carey		more sts.	St.,	Ward.			
PERSO	NAL AND STATIST	M	FDICAL CES	If nonresident give of		d State		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)				21. DATE 0	F DEATH O	ctober	5	, <sub>193</sub> I
female white widowed  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Watson			22.   1	HEREBY	Month) CERTIFY,			
6. DATE OF BIRTH (month, day, and year) Oct. 8 1857				l last saw h		, to		
7. AGE Ye	ears Months	Days 28	If LESS than 1 day, hrs.	to have occurred	on the date stated al	bove, at. I.458 and related causes of	am.	; death is said
8. Trade, prof kind of SAWYE 9. Industry or	8 Trade profession or particular				c myocar pectori			1930"
work w SAW M 10. Date decea this occ	res done, as SILK MILL, ILL, BANK, etc sed last worked at cupation (month and	Sp:	time (years)					
12. BIRTHPLACE (CState or co	city or town)Ba.1	timore	Md .	1	ry Causes of important			1926
	aniel Richa:	rd Hoove	er					
(State	CE (city or town)	Md.		Name of operation Date of What test confirmed diagnosis? history Wes there an a				
15. MAIDEN NAME Elizabeth Jane Row  16. BIRTHPLACE (city or town) (State-or country)  17. INFDRMANT (Address)  Ruth DeWitt (Address)  Greenland Beach, Md.			23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HDME, or In PUBLIC PLAC			, 19		
	Mt. Carmel							
19. UNDERTAKER(Address)	P. Herwi		7an	24. Was diseese or  If so, specify  (Signed)	injury in eny wey	related to occupation	of deceased?	
20, FILED	, 19		Registrar.	(Signed)	ess) Pasa	dena, Md	•	M. [

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of on of importance were as follows:		
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street cor,	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenterijis	1 year	
		1.7 3 5		

ADDITIONAL SPACE FOR FURTHER STATEMENTS

Contributory

usual residence.

BINDING

FOR

RESERVED

ARGIN

	PLACE	OF DEAT	TH			
/		7 0				
/ C	ounty	L	***************			
		1			6	
Vill	age or City	Chry	ah	olis	(No Co	mer
) J naa						//
	4	NAME.	4.	1.01	h n	Vays
	2 FULL	NAME.	jori	nec	a i	rays
	PERSON	AL AND S	TATISTI	CAL PAI	RTICULA	RS
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bi	usiness, or est	ablishment	in			
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		) st.:	May	9 CUL	Lo Re	01
	(Address	)		1	211-	10

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. ...

If death occurred in a hospital or instituion, give its NAME in-

4	Youllings	ou		umber.)	Berger with
	MEDICAL CEF	RTIFIC	ATE OF	DEATH	
16	ast. 3, Gets	(Mont	3,	(Day)	19 <b>2</b> 4
17	OUT 192	V., That	alet	ded the de	ceased fro
an	at I last saw h Lucalive	ne date	stated a	bove, at &	10 4
Th	CAUSE OF DEATH & was	Cen	teul	W/	

Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

Talax Va Oct 5

Jalax Va Oct 5,19.

If more blanks are needed, address State Registrar. Ay W. Saratoga St., Balto., Requesting V. S. No.

2211

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applie, to each and every person, irrespective of state occupation at beginning of illness. If retired from [[]] or given up on account of the bishase causing bears, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ccal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various parsuits can be known. cupation is very important, so that the relative healthtired 6 yrs.). For persons who have business, that fact may be indicated thus: Furmer (Fo-Housemeid, etc. If the occupation has been changed to report specifically the occupations of persons cuwork, or At Home, and children, not gainfully emwhatever, write None. Statement of Occupation Precise statement of oc-For many occupations a single word or term on no occupation

EASE CAUSIAND DEATH (the primary affection with respect to time and causation), using always the same accepted term for the white disease. Examples: \*Corebrospinal fever\* (the only definite synonym is "Dyldenic cerebrospinal meningitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid pneumonia," \*Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

tions and

riticate is permanently fil d

rhage," "Inanttion," "Marasmus," "Old Age," "Shoek," symptomatic), "Atrophy," "Collagse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhausticn," "Heart fullure," "Haemorconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Broncho, neumonia stated unless important. mines (e.g., sepsis, tetanus) may le stated under the train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerrenal scottagemia." Purrenal peritonitis," etc. can be ascertained as the can e "Uraemia," "Weaknest." etc., when a definite discase (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant n oplasms); Measles; unqualified, is indefinite); Twocrculosis of lungs, men-Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on state-Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway Whooping cough; In this certificate is looked over there is no all questweered in detail, it will present further correspond-the data is essential and mu t be obtained before Chronic valudar heart (R commendations on state-Example: Mensics Always qualify all discuse; (second-(discase (mcrely

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MAIN	ILAND	CLIVIII ICAIL	OF DEATH	11856
1. PLACE OF DEATH	0	-10	(131)		21
County Chure				Registration Dist. No.	
Village or City  Length of rasidence in city or town where dea	th occurred	(1	Nodeath occurred in a horpital or institut	ion, give its NAME instead of stree	
2. FULL NAME Ella	a.	Wills	ou		
(a) Residence: No. Harl	Wsual place	e of abode)	St.,Ward.	If nonresident give city or tow	n and State
PERSONAL AND STATISTIC	AL PART	ICULARS	MEDICAL CE	ERTIFICATE OF DEAT	ТН
Fencals White	OR DIVORCE	RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	(Month) (Day)	, 193 / (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of Richard	3. W.	·Uson	1 X	CERTIFY, That I atte	andad deceased from
_		0×1850	1//	10	1997.
7. AGE Years Months	Days	If LESS than	to have occurred on the date states	l abova, at 4 Pr.m.	X. Company
81 3	28	1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of Importance	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	nou	٤		a Desian of	Zyreal
Months of the second of the se			Ph.	Heart	
10. Date deceased last worked at this occupation (month and year)	11. Total i	tima (years) ent in this upation			
Richn	imed		Other Contributory Causes of impo	restetial Kystel	5. 2 Mary
12. BIRTHPLACE (city or town) (State or country)		Va.	would be	round	
1 0	10 ad	am			
14, BIRTHPLACE (city or town)	2.	land	Name of operation	Dat	e of
(State of country)	A	e de la constante de la consta	What test confirmed diagnosis?	Was the	ra an au'opsy?
15. MAIDEN NAME Calherine	1500	cey	23. If death was due to external cau		
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town)	O		Accident, suicide, or homicide?	Date of injury	, 19
17. INFORMAN Price E. Penufahr sy  (Address) Marley, Mid.			Where dld injury occur?		
18. BURIAL, CREMATION, OR REMOVAL	·w		Manner of Injury		
Frank Rock Hall, md	Date 10	31 ,193/	- Natura of Injury		
19. UNDERTAKER WOM Coo.	le.	8 Z	24. Was disease or injury in any w	ay related to occupation of decease	d? 200
20. FILE (OX 29, 193)	Xlu	Mach. 4	(Signed)	J. Bellings	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example-LEIVEI		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  OV 6 1931	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINEY,

N. B.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH					11657			
Cor		indel			Registration Dist. No. 27			
Vill	lage or City	rown	svill	State H	OsNo,tel St., Ward			
Len	ngth of residence in city or town	where death	occurred	1, 4 (I	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 24ds. How long in U.S. if of foreign birth?			
				ilson				
(a)	Residence: Np.	oner	(Usual place	of abode	Ward.  If nonresident give city or town and State			
PE	ERSONAL AND STA	TISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
a.sex male	OR DIVOR		OR DIVORCE	RIED, WIDDWED, D (write the word)	21. DATE OF DEATH October 3rd (Month) (Day) (Year)			
5a. If marri	If married, widowed, or divorced HUSBAND of			(100)				
(or) V	MIFE of				22. I HEREBY CERTIFY, That I attended deceased from May 9th 1930 to Setober 3 1931			
6 DATE O	F BIRTH (month, day, and year)		190	4 (?)	I last saw h im alive on Oct . 3rd 19 31 death is said			
7. AGE	Years Mon	ths	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at .7. 20 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance			
_   8. Tra	ade, profession, or particular			ormin.	were as follows:  Exhaustion due to scute  Date of onset			
DITO	kind of work done, as SPINNI SAWYER, BODKKEEPER, etc	R,	Unkno	wn.	prechosis 9 mos			
O PATION 9. Inc	dustry or business in which work was done, as SILK MILL SAW MILL, BANK, etc							
Q D. Da	te deceased last worked et this occupation (month and year)		spai	ime (years) ntin this upation				
	PLACE (city or town)	eryla	nd		Other Contributory Causes of importance:  Menic Depressive - menic type			
13. NA	ME Un	kno wr	1					
13. NA 14. BIF	RTHPLACE (city or town) (State or country)		Unkno	wn	Name of operation Date of Was there an autopsy?			
15. MA	AIDEN NAME U	nknow	m		23. If death was due to external causes (VIOL ENCE) fill in also the following:			
15. MA	RTHPLACE (city or town)	Unkno	wn		Accident, suicide, or homicide? Date of injury			
Σ	(State or country)				Where did injury occur?			
17. INFORMANT Hospital Records (Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL					(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.			
					Manner of injury			
Plac	ce dello pui	7D	ate		Nature of injury			
19. UNDERTAKER Cleansles High Mr. (Address)					24. Was disease or injury in any way related to occupation of decease?			
					If so, specify			
20. FILED	QC 4 , 1931 9	- sy	66.4	Registrar.	(Signed M. D. (Address) Clown Ille, Law Ille			
	I	f more blank	s are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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ath and related causes	Date of onset
lows:	
	1 weck ago
	1 weck ago
	3 days ago
of importance:	
	1 year
	of importance:

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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